

800-949-7040 Application for Financing



BUSINESS Exact Legal Business Name	Phone Number			Fax Number						
Equipment Address (if different than billing)			City		ity		State	Zip Co	_ Zip Code	
				City		State	Zip Co			
Type of Business				Federal ID#	# :		County _			
	Business Age (in years)	Years Owned by Current Owner			Annual Sales		Number Employ			
Primary Contact Nam	e			Phone			Ext	_Fax		
FitleCell				Email			Website			
Business Structure:	Proprietorship	Corporation	LLC	☐ Partner	rship 🗌	Other				
OWNERSHIP										
Principal's Name	incipal's Name		Title		SSN			_ Phone _	Phone	
Home Address			City			State	Zip Code		_ % Ownership	
rincipal's Name			Title		SSN		Phone			
Home Address			City			State	Zip Code		_ % Ownership	
Bank	City			StateContact Name		Phone				
EQUIPMENT										
Equipment Description					Vendor _					
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months					City State					
Equipment Cost					Contact					
					Phone _				Ext	
	I authorize Advan	tage+ (Adv	antage Le	easing Co	rporation	ı) to inve	stigate my cre	edit hist	ory.	
Signature/Title:					Date					
Signature/	/Title:					Date _				

Fax or Email Application to **Advantage+: 262-361-3837** or applications@AdvantagePlusFinancing.com