



ADVANTAGE

LEASING CORPORATION

Your Direct Business Lender
1-480-656-6369

Application for Equipment Financing

BUSINESS	Exact Legal Business Name		Phone		Fax
	Billing Address (Street)		(City)	(State)	(Zip)
	Type of Business	Age of Business _____ Years Owned by Current Owners _____		Annual Sales \$ _____ Number of Employees _____	
	Primary Contact Name	Title _____	Phone _____		Cell Phone _____ Email _____
OWNERSHIP	Business Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____				
	Fed. Tax #		State and Year of Incorporation: _____		
	Principal's Name	Title	% Ownership	Home Phone #	Soc. Sec. No.
	Home Address (Street)		(City)	(State)	(Zip)
	Principal's Name	Title	% Ownership	Home Phone #	Soc. Sec. No.
Home Address (Street)		(City)	(State)	(Zip)	
Bank		Location (city/state)		Contact	
		Phone #		Title	
EQUIPMENT	Equipment Description:		Equipment Cost: \$ _____	Vendor: _____	
				City/State: _____	
				Phone #: _____	
			Contact: _____		
Term <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months					
Address where equipment will be located		City	State / Zip / County		

I hereby authorize Advantage Leasing Corporation or any credit bureau or other investigative agency employed by Advantage Leasing Corporation to investigate the references herein listed as well as any financial statements or any other data obtained from me or from any other person pertaining to my credit and financial responsibility.

***Each owner/partner must provide ownership information & sign application**

X _____ Signature/Title _____ Date _____

X _____ Signature/Title _____ Date _____

FAX Completed Lease Application to: 480-473-7427
Attention: Frank Scarpone
 ADVANTAGE LEASING CORPORATION
 324 East Wisconsin Ave - Milwaukee, WI 53202
 Phone 1-800-949-7040 ext. 122
 Email - fscarpone@advantageleasing.com