



**BUSINESS**

Exact Legal Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Equipment Address (if different than billing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Business Age (in years) \_\_\_\_\_ Years Owned by Current Owner \_\_\_\_\_ Annual Sales \_\_\_\_\_ Number of Employees \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Business Structure:  Proprietorship  Corporation  LLC  Partnership  Other

**OWNERSHIP**

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ % Ownership \_\_\_\_\_

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ % Ownership \_\_\_\_\_

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**EQUIPMENT**

Equipment Description _____	Vendor _____
Term <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months	City _____ State _____
Equipment Cost _____	Contact _____
	Phone _____ Ext. _____

I authorize **Advantage+** to investigate my credit history.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Fax or Email Application to **Advantage+**: **262-361-3837**  
[dschneider@advantageplusfinancing.com](mailto:dschneider@advantageplusfinancing.com)

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