



## Credit Application

<b>B U S I N E S S</b>	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 _____	
<b>O W N E R S H I P</b>	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)		
<b>E Q U I P M E N T</b>	Bank		Location (city/state)		Contact	
			Phone #		Title	
Equipment Description		Equipment Cost: \$ _____	Contact: _____ Phone #: _____ Email: _____			
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: Fax # 414-291-3409**  
**Kevin Davey – Business Development / Sales**  
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