

1-800-949-7040 Application for Financing



BUSINESS Exact Legal Business Name			Phone Number		Fax Number	
			ramoor		ramoor	
Billing Address			City		State	_ Zip Code
Equipment Address (if different than billing)			City		State	_ Zip Code
Type of Business			Federal ID#	# :	County	
	Business Age (in years)			Annual Sales	Number of Employees	
Primary Contact Nam	ne		Phone		ExtF	
TitleCell			Email		Website	
Business Structure:	☐ Proprietorship ☐	Corporation	☐ Partner	rship 🗌 Other		
OWNERSHIP						
Principal's Name		Title	ïtle SSN		Phone	
Home Address		City		State	Zip Code	% Ownership
Principal's Name		Title		SSN		Phone
Home Address		City		State	Zip Code	% Ownership
Bank	nkCity		State _	Contact Name	Phone	
EQUIPMENT						
Equipment Description				Vendor		
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months				City		State
Equipment Cost				Contact		
				Phone		Ext
I	authorize Advanta	ige+ (Advantage Lea	asing Corp	poration) to inve	stigate my cre	edit history.
Signature/Title:				Date		
Signature	/Title:			Date		