

Application for Sign Financing Or, complete online at www.advantageplusfinancing.com



BUSINESS Exact Legal Business Name		Phone Number		Fax Numbe	ır
					Zip Code
Equipment Address(if different than billing)		City		State	Zip Code
		Federal II	D#:		
Business Age in years)	Years Owned by Current Owner	Annual Sales		Number of Employees	
Primary Contact Name		Phone _		Ext	Fax
Title	Cell	E	Email	Website	
Business Structure: Proprietors	hip Corporation	☐ LLC ☐ Partn	ership 🗌 Other		
OWNERSHIP					
Principal's Name	Title	SSN	Email		Phone
Home Address		City	State	Zip Code	% Ownership
Principal's Name	Title	SSN	Email		Phone
Home Address		City	State	Zip Code	% Ownership
Bank	City	State	cContact Name _		Phone
EQUIPMENT					
Equipment Description			Vendor		
Term 24 months	☐ 36 months ☐ 48 mo	onths 60 months			
Equipment Cost			City		State
			Contact		
			Phone		Ext
I authorize 🗸	Advantage+ (Adva	antage Leasing (Corporation) to i	nvestigate m	ny credit history.
Signature:			Date		
Signature:			Date		

Fax or Email Application to Advantage+: 920-694-3174 Idurocher@advantageplusfinancing.com

888-608-4633 or 800-949-7040 — www.advantageplusfinancing.com