



Credit Application

B U S I N E S S	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 _____		
O W N E R S H I P	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)		
E Q U I P M E N T	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
 ADVANTAGE LEASING CORPORATION
 324 East Wisconsin Avenue Suite 250, Milwaukee, WI 53202
 Direct 800-949-7040 ext 128 / Cell: 414-241-9448
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