



## 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	
<b>E Q U I P M E N T</b>	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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