

FINANCE APPLICATION **FAX COMPLETED FORM TO: 425-557-9581**

CUSTOMER INFORMATION

Company Name			
Address		City	State
Zip			
Phone Number	Fax Number	E-mail Address	
Mobile Phone Number	Check One <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC		Federal Tax ID No.
Type of Business	Time in Business _____ #Yrs OR _____ #Months	Lessee Contact	
Principal #1			%Owned
Address			
City/ST/Zip			
Phone Number		SSN	
Signature		Date	
Principal #2			%Owned
Address			
City/ST/Zip			
Phone Number		SSN	
Signature		Date	
Principal #3			%Owned
Address			
City/ST/Zip			
Phone Number		SSN	
Signature		Date	

I/We authorize Advantage Financial LLC and it's assigns or potential assigns to make whatever credit inquiries are deemed necessary in connection with my credit application or in the course of review, update, renewal or collection of any credit extended in alliance of the application. By signing above, I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such inquiries. A fax or photocopy of this authorization shall be valid as the original.

EQUIPMENT DESCRIPTION

Equipment Supplier		Contact	Phone Number
Make	Year/Model	Total Price Exclusive of Tax	