



Financing Application
 For Commercial Customers
 Phone: 800-288-5088 Fax: 800-288-4959



Legal Business Name _____ Date _____
 Business Address _____
 City _____ County _____ State _____ Zip _____
 Contact Name _____ Business Phone _____
 Cell Phone _____ Fax _____ E-mail _____
 Business Ownership: Sole Proprietor Partnership Corp.- F.I.D.# _____ in State of _____
 Business Start Date _____ Type of Business _____ Full-time Part-time

Owners / Officers / Partners

This information may be used to check the personal credit of individuals listed.

Name _____ Social Security # _____ Title _____ Ownership % _____
 Home Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Home: Own Rent Birth Date _____ Driver's Lic. # _____
 Name _____ Social Security # _____ Title _____ Ownership % _____
 Home Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Home: Own Rent Birth Date _____ Driver's Lic. # _____

Bank Information

Bank Name _____ City/State _____
 Phone _____ Checking Acct. # _____ Date Opened _____

I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use. I (we) authorize the bank listed above to provide credit information to Advance Acceptance. I (we) understand that Advance Acceptance may use the provided information to check personal credit of owners, officers or partners indicated above.
 Advance Acceptance will notify the Equipment seller of credit decision unless otherwise directed in writing by applicant. Please indicate method of notification such as by phone, fax or e-mail.
 Financial statements may be required based on credit and/or transaction size.
When you apply for an account with us, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Signature _____ Title _____ Signature _____ Title _____
Applicant's Signature Required Co-Applicant's (if any) Signature Required

Equipment seller _____ E-mail _____
 Contact _____ Phone _____ Fax _____
 Equipment description _____

 Make _____ Model _____ Type _____ Size _____
 Sale price \$ _____ Term _____ Months Rate factor used _____ Promo code _____

Lease or EFA

- Municipal lease Equipment Finance Agreement
 Other _____