



215-533-5100; Fax 215-533-89

www.ptrco.com

Application for Financing

BUSINESS	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 _____
OWNERSHIP	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)	
Bank		Location (city/state)		Contact	
		Phone #		Title	
EQUIPMENT	Equipment Description		Equipment Cost: \$ _____	Vendor: PTR	
				Location: _____	
				Phone #: _____	
			Contact: _____		
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 authorize Advantage Leasing Corporation to investigate my credit history.

X _____
Signature Date

X _____
Signature Date



Your Direct Business Lender

324 E. Wisconsin Avenue
Milwaukee, WI 53202
800-949-7040; Fax 414-291-3406