



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