



6869 Stapoint Ct. Suite 15 / Winter Park, FL 32792 / 407-678-4885 / 1-866-531-9779

Application for Equipment Lease 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)	
EQUIPMENT	Bank		Location (city/state)		Contact	
			Phone #		Title	
	Equipment Description		Equipment Cost: \$ _____	Vendor: P.D.C.S. Contact: Darrin Riley Phone #: 1-866-531-9779 Email: driley@pdcs-systems.com		
	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 _____

Please fax completed form to 407-678-3275

For specific questions relating to the lease application, please direct them to Nancy Muehlhausen: 1800 949 7040 Ext. 116