



DEALER NUMBER: _____

Phone: 800-234-3663 Fax: 715-848-1444 www.aquafinance.com

APPLICATION FOR EQUIPMENT LEASE FINANCING

BUSINESS	Business Name		Phone		Fax		
	Address (Street)		(City)	(State)	(Zip)		
	Type of Business		Age of Business _____yrs.		Current Ownership _____yrs.		
			Annual Sales \$ _____		#of Employees _____		
OWNERSHIP	Primary Contact Name		Title _____		Phone _____		
			Cell Phone _____		Email _____		
	Business Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership						
	Fed. Tax # _____ State and Year of Incorporation _____						
	Principal's Name		Title	% Ownership	Home Phone #	Soc. Sec. No.	
	Home Address (Street)		(City)	(State)	(Zip)		
EQUIPMENT	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:		
	Quotation Date _____		\$ _____		Contact: _____		
	Quotation No. _____						
Item(s) _____							
Lease Term and Pmt. Requested		<input type="checkbox"/> 24 Months \$ _____		<input type="checkbox"/> 36 Months \$ _____			
		<input type="checkbox"/> 48 Months \$ _____		<input type="checkbox"/> 60 Months \$ _____			
		Other _____					
Location of Equipment (Street)		City		State/Zip/County			

By providing the above information, the applicant(s) authorize Aqua Finance, Inc. and Advantage Leasing Corporation (800-949-7040; www.advantageleasing.com) to investigate our financial history.

Signature/Title _____

Date _____

Signature/Title _____

Date _____