



Credit Application

Submit completed applications by Fax to 800-288-4959 or Email to applications@advacc.com



Phone: (800) 288-5088

			1 Hone. (000) 200-3000	
Complete Legal Name of Business:		Business Structure (please		
		Sole Proprietor	Partnership	
		LLC	☐ Corporation	
Type of Business:	Date Business Started:	Years Under Current	Federal Tax ID #:	
		Ownership:		
Dillian Address of Dustras	City is	Chahai	7in Code	
Billing Address of Business:	City:	State:	Zip Code:	
Equipment Address: (if different than above)	City:	State:	Zip Code:	
Equipment Address. (ii dinerent than above)	City.	State.	Zip Code.	
Phone Number:	Fax Number:	Cell Number:		
Thomas values.	r ax rambor.	Con Hambon		
Contact Bornon:		Email:		
Contact Person:		Elliali.	Email:	
PERSONAL DATA:				
Owner #1 Name:	Title:	% Owned:	Social Security #:	
Home Address:	City:	State:	Zip:	
Owner #2 Name:	Title:	% Owned:	Social Security #:	
	011			
Home Address:	City:	State:	Zip:	
EQUIPMENT:				
Supplier Name:		Supplier Contact:	Supplier Contact:	
Supplier Phone Number:		Supplier Fax Number:		
Type of Equipment: (Include a copy of the equipment order if possible)		Approximate cost of equip		
		\$	☐ Used	
		Requested Term:	Model Year if Used:	
		□ 12 □ 24 □ 36 □ 4	48 🔲 60	
BANK REFERENCE:				
Bank name and address:		Contact:	Contact:	
		Phone:		
A constable of			Average Belginser	
Account Number:		Average Balance:	Average Balance:	
MOUDANOE INCORMATION				
INSURANCE INFORMATION:				
Insurance Company:		Agent:	Agent:	
Other Others				
City, State:		Phone:		
Each individual signing below certifies that the information provided				
(collectively referred to as "Lenders") to obtain information from the requested, but also for purposes of reviewing the account, increasing	references listed above and obtain a consume	er credit report that will be ongoing and relate no	ot only to the evaluation and/or extension of the business cre	
may be needed from time to time. Each individual signing below furth				
X				
OWNER #1 - SIGNATURE	SIGNER'S PRIN	NTED NAME	DATE	
	SIGNER S FRIE	THE TWINE	DATE	
X				
OWNER #2 - SIGNATURE	SIGNER'S PRIN	NTED NAME	DATE	

ECOA NOTICE (TO BE RETAINED BY APPLICATION)
Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

IMPORTANT NEW CUSTOMER INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents.