



Credit Application

Fax Apps to: (800) 288-4959
Email Apps: applications@advacc.com

Customer's Business Information: (exact legal name required)

Legal Business Name:			Business Phone Number:		
Business Address:		City:	State:	Zip Code:	
Bill To Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Ship to Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Structure of Business: <input type="checkbox"/> Corporation (State of: _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC (State of: _____) <input type="checkbox"/> Government				Years in Business Under Current Ownership:	
Contact Name:			Title/Position:		
Contact Phone Number:	Cell Phone/Alt. Phone:	Email Address:			
Nature of Business:		Fed. ID.#:	Fax Number:		

Customer's Personal Information: (exact legal name required)

1. Owner's Legal Name:		Home Address:		City:	
State:	Zip:	Social Security #		% Ownership:	
2. Owner's Legal Name:		Home Address:		City:	
State:	Zip:	Social Security #		% Ownership:	

Equipment:

Equipment Description:					
Product Division: <input type="checkbox"/> Multifit Products	*Please provide an equipment quote or invoice (if applicable) with signed credit application				
*If you are sales/use tax exempt, please include your tax exemption certificate with the signed credit application.					
*Total equipment cost over \$100,000 requires last two years of business financial statements and current interim statement					

Finance Program:

Program:	Term:	Advance Payment	Rate/Factor:	Equipment Cost:	Purchase Options: <input type="checkbox"/> EFA
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Vendor Contact Information: (For Multiple Vendor Deals) Please Provide (All) Equipment Quotes With Signed Application

Vendor Business Name:		Web. Address:		Vendor Phone #:	
Vendor Address:		City:	State:	Zip Code:	
Sales Rep. Name:		Sales Rep. Telephone:		Sales Rep. E-mail Address or Fax:	

Financing Administered by Advance Acceptance:



Fax Apps to: (800) 288-4959
Email Apps: applications@advacc.com

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Advance Acceptance
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Account Manager
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Liz Walker
Associate Account Manager
Advance Acceptance
Tel: (888) 705-8501
liz@advacc.com

Authorization & Owner(s) Signature(s):

I (we) authorize Advance Acceptance to review my credit to qualify for the financing requested in this application against any credit reporting bureau/agency; review any and all information or references disclosed in this application; information will remain confidential and will not be disclosed to any third party outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

Signed By: X _____ Date: _____

Signed By: X _____ Date: _____