



Brilliant Visual Communications

APPLICATION FOR EQUIPMENT LEASE FINANCING

***PLEASE PRINT OR TYPE ***

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)
OWNERSHIP	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: _____	
				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 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 _____

FAX Completed Lease Application to: Fax # 920-380.8639
Attn: MARRISA TYSON
 AutoComm Incorporated
 1200 S. Lynndale Drive, Appleton WI 54914
 For More Information - Phone 800.724.4896
 Email – marrisa@autocomm-inc.com