

www.silentwatchdog.com

Application for Equipment Financing

BUSINESS Exact Legal Business Name			Phone Number				Fax Number	
Billing Address			City			_ State _		Zip Code
Equipment Address (if different than billing)			City			_ State _		_Zip Code
Type of Business	# :							
	Business Age (in years)	Years Owned by Current Owner		Annual Sales _			Number of Employees	
Primary Contact Nam	e		Phone			Ext		_ Fax
Title	Cell		En	nail			Website_	
Business Structure: [☐ Proprietorship ☐ Corporat	ion 🗆 LLC 🗆	Partnership	Other				
OWNERSHIP								
Principal's Name		Title		SSN _			F	Phone
Home Address		City			State	Zip Co	ode	% Ownership
Principal's Name		Title		SSN _			F	Phone
Home Address		City			State	Zip Co	ode	% Ownership
Bank	City		State _	Cor	ntact Name			Phone
EQUIPMENT								
Equipment Description				Vendor	Silent	Watch	ndog Su	urveillance
Term [24 months 36 months	☐ 48 months ☐	60 months	City _				State
Equipment Cost				Contact				
				Phone				Ext
	I autho	rize Advantage+	to investig	ate my c	redit histor	ry.		
Signature	:	I authorize Advantage+ to investigate my credit history. Date						
Signature	:				Date _			