



Credit Application

Fax completed application to
 (800) 288-4959 or email to Geomaxfinance@advacc.com



Simple. Like financing should be.
AdvanceAcceptance

Phone Jay Hagen at (800) 288-5088 with questions.

Complete Legal Name of Business:		Business Structure (please check one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	
Type of Business:	Date Business Started:	Years Under Current Ownership:	Federal Tax ID #:
Billing Address of Business:	City:	State:	Zip Code:
Equipment Address: (if different than above)	City:	State:	Zip Code:
Phone Number:	Fax Number:	Cell Number:	
Contact Person:		Email:	
PERSONAL DATA:			
Owner #1 Name:	Title:	% Owned:	Social Security #:
Home Address:	City:	State:	Zip:
Owner #2 Name:	Title:	% Owned:	Social Security #:
Home Address:	City:	State:	Zip:
EQUIPMENT:			
Supplier Name:		Supplier Contact:	
Supplier Phone Number:		Supplier Fax Number:	
Type of Equipment: (Include a copy of the equipment order if possible)		Approximate cost of equipment: \$	Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used
		Requested Term: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	Model Year if Used:
BANK REFERENCE:			
Bank name and address:		Contact:	
		Phone:	
Account Number:		Average Balance:	
INSURANCE INFORMATION:			
Insurance Company:		Agent:	
City, State:		Phone:	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X
 OWNER #1 - SIGNATURE _____ SIGNER'S PRINTED NAME _____ DATE _____

X
 OWNER #2 - SIGNATURE _____ SIGNER'S PRINTED 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