



[www.kutritemfg.com](http://www.kutritemfg.com)

**Application for Financing**

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)
EQUIPMENT	Bank		Location (city/state)		Contact
			Phone #		Title
	Equipment Description		Equipment Cost: \$ _____	Vendor: <b>Kut-Rite</b>	
				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 authorize Advantage Leasing Corporation to investigate my credit history.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date



*Your Direct Business Lender*

**324 E. Wisconsin Avenue  
Milwaukee, WI 53202**

**800-949-7040; Fax 414-291-3406**

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