

# Application Checklist

**Customer:**

**Sales Representative:**

**Phone Number:**

**Fax Number:**

**When complete, send the Application and the requested information to ACFC (Fax: 734-929-3805 or Sales@AdvanceCredit.com)**

**The following is a checklist to complete your Working Capital Application.**

## **Part I: Documents Enclosed**

This section lists the following applications contained in this package. Please complete all the forms in full.

- Working Capital Information Sheet - **1 page**
- Information Disclosure Letter - **1 page** -(Landlord / Mortgage Statement, Deed, or Property Tax)

## **Part II: Additional Documents Required**

This section will deal with a list of materials we need you to provide us. Send us ALL the information listed below.

- A copy of a voided check
- A copy of driver's license for each signature. (Everyone that has signed an application.)
  - If possible, please enlarge the copy of the driver's license before faxing.
  - An enlarged copy will help the clarity and expedite the application process.
- Proof of Ownership - a document that shows the business owner name(s) and percentage(s) of the business owned. (Some examples of such documents are Articles of Incorporation, LLC Member Agreement, Tax Return Schedule, etc...)
- Most recent month's business bank statements - **all pages**
- Complete Merchant Processing Statements for the last 4 months
  - We need to see the summary section as well as daily transactions
- ◆ Are you currently in a cash advance program?     Yes     No
- If Yes, please include last month's statement from your current cash advance provider.
- ◆ Name of cash advance provider: \_\_\_\_\_

**Once the application is conditionally approved, you will receive:**

- **Working Capital Agreement**
- **Merchant Processing Agreement**

*In order for your application to be processed in full, all items must be sent back and completed with signatures.  
Should you have further questions, please contact your account executive.*





# ADVANCE CREDIT CORPORATION

3830 Packard Road  
Suite 160  
Ann Arbor, Michigan 48108  
734-929-3800 734-929-3805 fax 888-313-8810  
[info@advancecredit.com](mailto:info@advancecredit.com)

## CREDIT APPLICATION

### LEESSEE—Important—List the Legal Name of Entity

COMPANY \_\_\_\_\_ (must be legal name)

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ CIRCLE ONE BELOW

**LLC Corporation Partnership Proprietorship**

Fed Tax ID # \_\_\_\_\_ Business Established: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Under Current Ownership \_\_\_\_\_

### EQUIPMENT LOCATION: Complete Only If Equipment Will Not Be Located At Lessee's Address

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### OFFICERS, PARTNERS, AND GUARANTORS- Attach Additional Sheet If Needed

Legal Name \_\_\_\_\_ % Ownership \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Legal Name \_\_\_\_\_ % Ownership \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### TRADE REFERENCES-Two Year History (Important To Establish High Credit And Payment History- No COD Accounts)

Name of Supplier \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_ Contact Person \_\_\_\_\_

1. \_\_\_\_\_

Name of Supplier \_\_\_\_\_ Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_ Contact Person \_\_\_\_\_

2. \_\_\_\_\_

### BANK REFERENCES-Two Year History (Important to Establish Loan History)

Name of Bank/Branch Checking Account # \_\_\_\_\_ Opening date \_\_\_\_\_ LOAN OFFICER \_\_\_\_\_

1. \_\_\_\_\_ Loan Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Bank/Branch Checking Account # \_\_\_\_\_ Opening Date \_\_\_\_\_ Loan Officer \_\_\_\_\_

2. \_\_\_\_\_ Loan Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Leasing Company Account # \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Contact Person \_\_\_\_\_

### EQUIPMENT TO BE LEASED— Attach Separate Sheet If Needed

#### DESCRIPTION:

#### TOTAL COSTS

TERM \_\_\_\_\_ MONTHS \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

### EQUIPMENT SUPPLIER THE ICEE COMPANY

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REP NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PURCHASE OPTION (CIRCLE ONE):  \$1.00 Buyout  10%  Fair Market Value

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Broker/Lessor, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Lessee Signature X \_\_\_\_\_

Date \_\_\_\_\_

**Fax or mail with the Top page of the last three bank statements**