



Laser Specialists Credit Application

Submit Completed Apps to:
FAX - (800) 288-4959
 Email - applications@advacc.com

Customer's Business Information: (exact legal name required)

Legal Business Name:			Business Telephone:
Business Address:	City:	State:	Zip Code:
Bill To Address: (Leave Blank If Same As Above)	City:	State:	Zip Code:
Ship to Address: (Leave Blank If Same As Above)	City:	State:	Zip Code:

Structure of Business:
 Corporation (State of: _____)
 Partnership
 Proprietorship
 LLC (State of: _____)
 Government

Years in Business Under Current Ownership: _____

Contact Name:		Title/Position:
Contact Telephone:	Cell Phone/Alt.Phone:	Email Address:

Nature of Business:	Fed. ID.#:	Fax Number:
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Customer's Personal Information: (exact legal name required)

1.Owner's Legal Name:		Home Address:		City:
State:	Zip:	Social Security #	% Ownership:	
2.Owner's Legal Name:		Home Address:		City:
State:	Zip:	Social Security #	% Ownership:	

Equipment:

Equipment Description:

Product Division:
 Geospatial
 Machine Control
 Other
*Please provide an equipment quote or invoice (if applicable) with signed credit application

*If you are sales/use tax exempt, please include your tax exemption certificate with the signed credit application.
 *Total equipment cost over \$100,000 requires last two years of business financial statements and current interim statement

Finance Program:

Program:	Term:	Advance Payment	Rate/Factor:	Equipment Cost:	Purchase Options:
					<input type="checkbox"/> EF <input type="checkbox"/> \$1 Lease <input type="checkbox"/> 10% P.O.

Vendor Contact Information: (For Multiple Vendor Deals) Please Provide (All) Equipment Quotes With Signed Application

Vendor Business Name:		Web. Address:	Vendor Telephone:
Vendor Address:	City:	State:	Zip:
Sales Rep. Name:	Sales Rep. Telephone:	Sales Rep. E-mail Address or Fax:	

Submit Completed Applications to Advance Acceptance:



Submit Completed Apps to:
FAX - (800) 288-4959
 Email - applications@advacc.com

Customer Support:
 Toll-Free - (866) 603-9247
 Email - tony@advacc.com

Authorization & Owner(s) Signature(s):

I (we) authorize Advance Acceptance to review my credit to qualify for the financing requested in this application against any credit reporting bureau/agency; review any and all information or references disclosed in this application; information will remain confidential and will not be disclosed to any third party outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

Signed By: X _____ Date: _____

Signed By: X _____ Date: _____