

CREDIT APPLICATION

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EMAIL:INFO@ADVANTAGE-FINANCIAL.COM



ADVANTAGE FINANCIAL SERVICES, LLC

VENDOR

To improve response time, may we contact Customer directly? YES [X] NO []

NAME: 1STINSCANNER - DOCUMENT MANAGEMENT SOLUTIONS, INC CITY, STATE: LONDONERRY, NH 03053

PHONE: 800 886 6233 FAX: 603 647 1404 CONTACT NAME: LINDSEY SMITH

CONTACT EMAIL: Lindseys@1stinscanner.com CONTACT PHONE:

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME:

ADDRESS:

CONTACT: PHONE: FAX:

EMAIL: BUSINESS NATURE: WEBSITE:

[] CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP NO. OF EMPLOYEES: YEAR INCORPORATED/ESTABLISHED: STATE:

PERSONAL DATA (ON MAJOR STOCKHOLDERS, PARTNERS, OR PROPRIETORS)

Personal information is required for all corporations in business less than two years, having less than ten employees and all partnerships or proprietorships.

NAME TITLE HOME ADDRESS SOCIAL SECURITY NO.

1.

2.

BANK REFERENCES (TWO-YEAR HISTORY)

BANK CITY/STATE CONTACT PHONE ACCOUNT NO.

1.

2.

FINANCING/LOAN REFERENCES

NAME CITY/STATE CONTACT PHONE ACCOUNT NO.

1.

2.

EQUIPMENT

TYPE, MAKE, MODEL NUMBER, AND INCLUDED ACCESSORIES SERIAL NUMBER NEW/USED

TERMS

TERM IN MONTHS: EQUIPMENT COST:

RATE FACTOR: INSTALLATION: \$

PAYMENT AMOUNT: OTHER:

PURCHASE OPTION: TAXES:

ADVANCE PAYMENT: TOTAL COST: \$

AUTHORIZATION

I HEREBY AUTHORIZE ADVANTAGE FINANCIAL SERVICES, LLC OR ITS DESIGNEE(S) TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY BUSINESS AND/OR PERSONAL CREDIT AND FINANCIAL RESPONSIBILITY, AND TO OBTAIN INFORMATION FROM ANY CREDIT REPORTING AGENCY WITH RESPECT TO ME AND THE ABOVE NAMED CUSTOMER, IN CONNECTION WITH EXTENDING CREDIT AND/OR REVIEWING/COLLECTING THE ACCOUNT.

(As Stated Above) [Signature] PRINT NAME & TITLE DATE

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION

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 THE STATEMENT, PLEASE CONTACT US WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. 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 COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.