



DEALER INFORMATION

Contact at 800-606-0049 Fax 800-606-0037

Legal Company Name: _____ Phone #: _____ Fax #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Date Business Started: _____ Federal ID #: _____ # of Employees: _____ # of Sales Reps: _____ # of Offices: _____

E-Mail Address: _____ Corporation Partnership Proprietor State of Incorporation _____

What are your standard cash terms? _____ Do you require a Deposit? _____ If so, what percentage? _____

What type of equipment do you sell? _____ What are your annual sales? _____ What is the average selling price? _____

Who do you current partner with for your customer's lease needs? _____ What percentage of your sales are leased? _____

PLEASE LIST YOUR PRIMARY SUPPLIERS BELOW:

(1) Mfg. Reference: _____ Contact: _____ Phone #: _____

What does the above company do? _____ Opening Date: _____ High Credit: _____ Terms: _____

(2) Mfg. Reference: _____ Contact: _____ Phone #: _____

What does the above company do? _____ Opening Date: _____ High Credit: _____ Terms: _____

BANK REFERENCE

Name of Bank: _____ Phone Number: _____

Contact Name: _____ Account Number: _____

PRINCIPAL INFORMATION

Name: _____ Title: _____ % of Ownership: _____ Cell Phone # _____

Home Address: _____ City: _____ State: _____ Zip: _____ Social Security #: _____

Name: _____ Title: _____ % of Ownership: _____ Cell Phone # _____

Home Address: _____ City: _____ State: _____ Zip: _____ Social Security #: _____

By signing below, the undersigned individual as principal authorizes Horizon Keystone Financial, its designee, assigns or potential assigns, to review his/her personal & business credit profiles . A fax or photocopy of this authorization shall be valid as the original

Signature: X _____ Signature: X _____

PLEASE FAX BACK TO 800-606-0037

FOR OFFICE USE ONLY

Sign Off: BRM _____ DSM: _____ APPROVED DECLINED DATE: _____