



Customer Application

Questions? Call 800-606-0049

LESSEE INFORMATION				
Legally Registered Name		Trade or DBA Name	Primary Contact	
Physical Address – (HQ or Existing Street Address) City, State, Zip Code			Phone Number	Ext.
Equipment Location – (New, If Moving or Expanding) City, State, Zip Code			Primary Contact Cell Phone	
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit		State of Incorporation	Years in Business _____ Years _____ Months <small>(Minimum 2 Years, Under Current Owner, Or Call For New Business Program Quote) *Churches need to fill out our Religious Questionnaire</small>	# of Employees
Do you Own the premise where the equipment is located? (circle one) YES NO	Nature of Business	E-mail Address		Federal ID #
Website				
BUSINESS CHECKING INFORMATION				
Name of Bank:	Phone #:	Contact:	Account #:	Average Balance:
PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, MUNICIPALITIES, & CHURCHES MAY LEAVE BLANK				
Principal First Name		Last Name	Home Address (Street Address, City, State, Zip)	
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number
Principal First Name		Last Name	Home Address (Street Address, City, State, Zip)	
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number
EQUIPMENT INFORMATION (Please fill out known information)				
Equipment Description	Are you purchasing additional equipment for your business you would like to lease, such as phones, computers, furniture, security...? Circle: YES / NO	Lease Term	Expected Delivery Date	Purchase Option
Estimated Equipment Cost		24, 36, 48, 60 months		\$1.00
Please "X" All That Apply <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used		(circle)		Other Options Available Upon Request
		Other Terms Available Upon Request		
DEALER OR SUPPLIER INFORMATION				
Dealer	Contact	Phone/Cell	E-Mail	

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Horizon Keystone Financial, 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. *** ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.**

Signature X _____	Date _____	Signature X _____	Date _____
<p>Scan and e-mail to credit@horizonkeystone.com or</p> <p>PLEASE FAX BACK TO 800-606-0037</p>			