

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)</small>		# of Employees
Do you Own the Equipment Location? (circle one) YES NO	Nature of Business	E-mail Address		Federal ID #

BUSINESS CHECKING INFORMATION

Name of Bank:	Phone #:	Contact:	Average Balance: <ul style="list-style-type: none"> It is helpful to send the first page of the past 3 months bank statements
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PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, & MUNICIPALITIES 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	Est. Equipment Cost	Please "X" <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used	Purchase Option: \$1.00 (Other Options Available Upon Request)	Lease Term: (circle) 24, 36, 48, 60 months (Other Terms Available Upon Request)
Are you purchasing additional equipment for your office you would like to lease, such as phones, computers, furniture, HVAC security...? Circle: YES / NO				Expected Delivery Date

DEALER OR SUPPLIER INFORMATION

Dealer: OM Workspace	Contact:	Cell Phone:	E-Mail:
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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 _____

PLEASE FAX BACK TO 800-606-0037
OR E-MAIL CREDIT@HORIZONKEYSTONE.COM

