



DEALER INFORMATION

Phone 800-606-0049 Fax 800-606-0037

Legal Company Name: _____ Phone #: _____ Main Contact: _____

Physical Address: _____ E-Mail Address: _____

Year Business Started: _____ Corporation Partnership Proprietor State Incorporated _____ Federal ID #: _____

of W2 Employees?: _____ # of Sales Reps? _____ Website: _____ Office: Home Office Stand Alone

Who have you worked with in the past for your customer's financing needs? _____ Average Lease Sale?: _____

How many leases have you closed during the past 12 Months? _____ Who Referred you to us? _____

PRIMARY SUPPLIER: Lead Manufacturer Sold: _____ Manufacturer Rep: _____

Distributor: _____ Contact: _____ Phone #: _____ Mfg: _____

Opening Date: _____ High Credit: _____ Terms: _____ Date of Last Sale: _____ # Sales in past 12 Months: _____

Dated Reference Received: _____ Signature of HKF Employee: _____

PRIMARY SUPPLIER: Lead Manufacturer Sold: _____ Manufacturer Rep: _____

Distributor: _____ Contact: _____ Phone #: _____ Mfg: _____

Opening Date: _____ High Credit: _____ Terms: _____ Date of Last Sale: _____ # Sales in past 12 Months: _____

Dated Reference Received: _____ Signature of HKF Employee: _____

PRINCIPAL INFORMATION

Name: _____ Title: _____ % of Ownership: _____ Social Security #: _____

Home Address: _____ Cell Phone #: _____

Name: _____ Title: _____ % of Ownership: _____ Social Security #: _____

Home Address: _____ Cell Phone #: _____

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

PROGRAM: _____ DATE INCORPORATED: _____ 411 LISTING?: YES / NO (CIRCLE) # EMPLOYEES: _____

CREDIT SCORE (S): _____ HOME OWNER: YES / NO PAYDEX: _____ IS THIS OUR FIRST LEASE?: YES / NO (CIRCLE)

DIRECT 100% DIRECT W/ PREFUND DISTRIBUTOR PAY PROCEEDS DISTRIBUTOR W/ PREFUND

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