



Questions? Call (800) 606-0049 X111 Jim Wall



HORIZON - KEYSTONE FINANCIAL

LESSEE INFORMATION

| | | | | | |
|--|---------------------|--|-----------------|------------------------|--|
| Legally Registered Name | | Trade or DBA Name | Primary Contact | | |
| Physical Address, City, State, Zip Code | | Business Phone & Extension | Business Fax | | |
| 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 | | Cell Phone | E-Mail Address | | |
| | | Equipment Location, including city, state, & zip | | | |
| Years in Business _____ Years _____ Months (Minimum 2 Years, Under Current Owner) | Number of Employees | Nature of Business | Federal Tax ID | State of Incorporation | |

BUSINESS CHECKING INFORMATION

| | | | | |
|---------------|----------|----------|------------|------------------|
| Name of Bank: | Phone #: | Contact: | Account #: | Average Balance: |
|---------------|----------|----------|------------|------------------|

PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, & MUNICIPALITIES MAY LEAVE BLANK

| | | | | |
|----------------------|------------|--------------|------------------------|--|
| Principal First Name | Last Name | Home Address | | |
| Title | Cell Phone | % Ownership | Social Security Number | |
| Principal First Name | Last Name | Home Address | | |
| Title | Cell Phone | % Ownership | Social Security Number | |

EQUIPMENT INFORMATION (Please fill out known information)

| | | | | |
|--|---|--------------------------------------|------------------------|--|
| Equipment Description | Are you purchasing additional equipment for your office you would like to lease, such as furniture, HVAC, phones, software, construction? Circle: YES / NO | Lease Term | Expected Delivery Date | Purchase Option |
| Estimated Equipment Cost | | 36, 48, 60 (circle) | | \$1.00 |
| Please "X" All That Apply <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used _____ Year, if applicable <input type="checkbox"/> Titled Equipment | | Shorter Terms Available Upon Request | | Other Options Available Upon Request FMV |

DEALER INFORMATION

| | | | |
|--------|---------|-------|---------|
| Dealer | Contact | Phone | Address |
|--------|---------|-------|---------|

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 | | | |