

Lindsey

Furniture

Finance Questions? Call 800-606-0049 x124 Janeen Waddell

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 ___ Proprietorship ___ Partnership ___ C-Corporation ___ S-Corporation ___ LLC ___ 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 phones, computers, Security...? Circle: YES / NO	Lease Term 36, 48, 60 (circle) Shorter Terms Available Upon Request	Expected Delivery Date	Purchase Option \$1.00 Other Options Available Upon Request
Estimated Equipment Cost				
Please "X" All That Apply ___ New ___ Remanufactured ___ Used				

DEALER INFORMATION

Dealer LINDSEY FURNITURE	Contact	Phone 866-831-9724	Address 6401 Long Point Rd. #204 Houston, TX 77055
-----------------------------	---------	-----------------------	--

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