

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	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:	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, HVAC, security...? Circle: YES / NO	Lease Term 24, 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 <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used				
DEALER OR SUPPLIER INFORMATION				
OM Workspace	Sales Contact	Phone #	Cell #	E-mail 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				