

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:
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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
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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 856-642-9994