



LESSEE INFORMATION					
Legally Registered Name		Trade or DBA Name		Primary Contact	
Physical Address – ( HQ or Existing Street Address)		City, State, Zip Code		Phone Number <span style="float:right">Ext.</span>	
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, furniture, security...?  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		Shorter Terms Available Upon Request		Other Options Available Upon Request

DEALER OR SUPPLIER INFORMATION				
Dealer	Contact	Phone	Address	E-Mail

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**