

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			Primary Contact 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:	<b>Average Balance:</b> • It is helpful to send the first page of the past 3 months bank statements	

PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, & MUNICIPALITIES MAY LEAVE BLANK				
Principal First Name		Last Name		Home Address (Street Address, City, State, Zip)
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number
Principal First Name		Last Name		Home Address (Street Address, City, State, Zip)
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number

EQUIPMENT INFORMATION (Please fill out known information)				
Equipment	Est. Equipment Cost	Please "X" <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used	<b>Purchase Option:</b> \$1.00 (Other Options Available Upon Request)	<b>Lease Term: (circle)</b> 24, 36, 48, 60 months (Other Terms Available Upon Request)
Are you purchasing additional equipment for your office you would like to lease, such as phones, computers, furniture, HVAC security...? Circle: YES / NO			Expected Delivery Date	

DEALER OR SUPPLIER INFORMATION			
Dealer:	Contact:	Phone	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 _____
<b>PLEASE FAX BACK TO 800-606-0037</b> <b>OR E-MAIL <a href="mailto:KEVIN@HORIZONKEYSTONE.COM">KEVIN@HORIZONKEYSTONE.COM</a></b>		 <p><b>financing solutions</b> HORIZON - KEYSTONE FINANCIAL</p>	