Allied Commercial Financing

Questions? Call 800-606-0049 Ext. 140 Corinne Beyer

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 **___Proprietorship ___ Partnership** **___C-Corporation ___ S-Corporation** **___LLC ___ Non Profit**	**State of Incorporation**	**Years in Business** **_____ Years _____ Months** **(Minimum 2 Years, Under Current Owner, Or Call For New Business Program Quote)**	**# 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 (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 Description **Estimated Equipment Cost** **Please "X" All That Apply** **___ New** **___ Remanufactured** **___ Used**	**Are you purchasing additional equipment for your office you would like to lease, such as phones, computers, furniture, security…?** **Circle: YES / NO**	**Lease Term** **24, 36, 48, 60 months** **(circle)** **Shorter Terms Available Upon Request**	**Expected Delivery Date**	**Purchase Option** **$1.00** **Other Options Available Upon Request**

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 _____

PLEASE EMAIL TO Corinne@horizonkeystone.com