



If you have any questions, please call Janeen Waddell at 800-606-0049 x124

**YOUR 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		Do You Own The Building?  YES    NO (Circle)	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: HVAC	Equipment Manufacturer	Amount of project?	Are you purchasing additional equipment for your office you would like to lease, such as furniture, phones, software, security, construction?	
<input type="checkbox"/> Roof Top <input type="checkbox"/> Side-Mounted	Lease Term 36, 48, 60 (circle) Shorter Terms Available	Purchase Option: \$1.00	Circle: YES / NO	

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**