

# KEYSTONE CAPITAL

One Park Plaza, Suite 600  
Irvine, California 92614

Phone (800) 313-7919 Fax: (949) 266-0335

COMPANY INFORMATION			
Complete Name of Business	_____	(____) _____	Office Phone
Street Address	_____	(____) _____	Office Fax
City	_____	State	_____
Zip Code	_____	Years Under Current Ownership	_____
TYPE OF BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
PERSONAL INFORMATION			
Name (First, Last)	_____	Title	_____
Social Security No.	_____	Ownership	_____ %
Home Address	_____	City	_____
State	_____	Zip	_____
Name (First, Last)	_____	Title	_____
Social Security No.	_____	Ownership	_____ %
Home Address	_____	City	_____
State	_____	Zip	_____
COMPANY BANK REFERENCE			
Name of Bank/Branch	_____	How Long	_____
Business Checking Acct. No.	_____	Telephone	(____) _____
BUSINESS TRADE REFERENCE			
Name of Supplier	_____	Name of Supplier	_____
Contact Name	_____	Contact Name	_____
Telephone	(____) _____	Telephone	(____) _____
EQUIPMENT INFORMATION			
Description of Equipment	_____	Cost	_____
New/Used	_____	Term	_____
Purchase Option	_____		

### DECLARATION

Authorization: Applicant warrants that all the information provided Lessor is true and correct, and authorizes and its assignees to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking Keystone Capital Group institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease, updating, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account.

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_