



2100 Main Street Suite 104
Irvine, CA. 92614

Phone: (949) 975-0420
Fax: (949) 975-0421

CUSTOMER INFORMATION:

| | | | | | |
|---|------------------|-----------------------------------|-------|--|--------|
| COMPLETE LEGAL NAME OF BUSINESS: | | DATE BUSINESS STARTED: | | <input type="checkbox"/> SOLEPROP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> "S" CORP. <input type="checkbox"/> "C" CORP. <input type="checkbox"/> PARTNERSHIP | |
| MAILING ADDRESS OF BUSINESS | | CITY | STATE | ZIP CODE | COUNTY |
| PHYSICAL ADDRESS OF EQUIPMENT (if different than above) | | CITY | STATE | ZIP CODE | COUNTY |
| PHONE NUMBER | FAX NUMBER | CONTACT PERSON | | FEDERAL TAX ID# | |
| E-MAIL ADDRESS | TYPE OF BUSINESS | DECLARATION WEB ADDRESS | | | |

VENDOR / EQUIPMENT INFORMATION:

| | | | |
|--|--|---------------------------------------|----------------------|
| VENDOR NAME | ADDRESS | CONTACT | |
| PHONE / FAX | TYPE OF EQUIPMENT | APPROXIMATE COST \$ | |
| LEASE / FINANCE TERM IN MONTHS __12__ __24__ __36__ __48__ __60__ __72__ __84__ | RESIDUAL (Check One) __\$1.00__ __10%__ __FMV__ | AGE OF EQUIPMENT __NEW__ __UDSED__ | MODEL YEAR (if used) |

OWNER / STOCKHOLDER INFORMATION:

| | | | |
|----------------------------|---------|-------------------|---------------|
| PRINCIPAL'S NAME AND TITLE | % OWNED | SOCIAL SECURITY # | DATE OF BIRTH |
| HOME ADDRESS | CITY | STATE ZIP | HOME PHONE |
| PRINCIPAL'S NAME AND TITLE | % OWNED | SOCIAL SECURITY # | DATE OF BIRTH |
| HOME ADDRESS | CITY | STATE ZIP | HOME PHONE |

BANK REFERENCE:

| | | | |
|-----------|-------------|---------|-------|
| BANK NAME | ACCOUNT NO. | CONTACT | PHONE |
| BANK NAME | ACCOUNT NO. | CONTACT | PHONE |

LEASE / LOAN REFERENCE:

| | | | |
|----------|-------------|---------|-------|
| CREDITOR | ACCOUNT NO. | CONTACT | PHONE |
| CREDITOR | ACCOUNT NO. | CONTACT | PHONE |

TRADE SUPPLIER REFERENCE:

| | | | |
|--------------|-------------|---------|-------|
| COMPANY NAME | ACCOUNT NO. | CONTACT | PHONE |
| COMPANY NAME | ACCOUNT NO. | CONTACT | PHONE |

Authorization: Applicant warrants that all the information provided Lessor is true and correct, and authorizes Keystone Capital and its assignees to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking 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:** _____