

# KEYSTONE CAPITAL

One Park Plaza, Suite 600  
Irvine, California 92614

Phone (800) 313-7919 Fax: (949) 872-2317

COMPANY INFORMATION			
Complete Name of Business	_____	(_____) _____	Office Phone
Street Address	_____	(_____) _____	Office Fax
City	_____	State _____	Zip Code _____
TYPE OF BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			Years Under Current Ownership _____

PERSONAL INFORMATION			
Name (First, Last)	_____	Title _____	Social Security No. _____
Home Address	_____	City _____	State _____ Zip _____
Name (First, Last)	_____	Title _____	Social Security No. _____
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:** \_\_\_\_\_