

KEYSTONE

EQUIPMENT LEASING, INC.

2877 Rte 94 ♦ PO Box 284 ♦ Blooming Grove NY 10914

Fax to: _____

Phone (800) 225-3489

Fax (800) 653-2733 Fax



Lessee

Company Name: _____

DBA: _____ Fed Tax ID: _____

Address: _____

City, State & Zip: _____

Business Phone #: _____ Fax _____

Contact Name: _____ e-mail _____

URL: http://www. _____

Business Description: _____

Time In Business Under Current Ownership: Years: ____ Months: ____

Type of Business: S-Corp LLC Proprietorship

Partnership Corporation Non-Profit

Equipment Vendor

© KELSO COMMUNICATIONS CORP.

Company Name: GOFF'S ENTERPRISES

Address: 1228 Hickory Street

City, State & Zip: Pewaukee, WI 53072

Telephone: 800-234-0337 Fax: _____

Contact: _____

goffscurtainwalls.com

Bank References

Principal Bank: _____

Account Numbers: _____

Telephone: _____

Contact: _____

Personal Information on Officers, Partners or Owners.

Name: _____

Home Address: _____

City, State & Zip: _____

Telephone: _____

Social Security #: _____ % Ownership: _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature: â _____

Print Name: _____

Date: _____

Name: _____

Home Address: _____

City, State & Zip: _____

Telephone: _____

Social Security #: _____ % Ownership: _____

Signature: â _____

Print Name: _____

Date: _____

Trade References (2 Business Credit References)

Company	Contact Name and/or Account #	Telephone	Fax
_____	_____	_____	_____

Equipment to be Leased (Attach equipment schedule if necessary)

Description: _____ Cost: \$ _____

(Check) New ____ Or Used ____ Number of Months: ____ Monthly Pmt*: _____ Purchase Option: _____

*Does not include sales tax.

I/we authorize all deposit, borrowing, and trade information to be released to Keystone Leasing. I represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original. I/we authorize you (Keystone Equipment Leasing, Inc.) or your assignees to electronically file a UCC against the applicant for the equipment that is being leased or financed. Any event of fraud or submission of deliberately misleading information by Applicant on application or documents will be a breach of contract and will cause forfeiture of any monies tendered as earned fee. Once Keystone Equipment Leasing, Inc. has approved the lease or loan transaction and if Applicant cancels said transaction through no fault of Keystone Equipment Leasing, Inc., then all advances and or security deposits shall have been deemed earned. Applicant agrees that Keystone Equipment Leasing, Inc. shall be entitled to retain said advances or security deposits as liquidated damages for loss of a bargain and not as a penalty, it being agreed that said advances or security deposits shall be deemed reasonable as Keystone Equipment Leasing, Inc.'s lost profit on a transaction that was wrongfully cancelled by Applicant. Additionally, you authorize us or our assigns to communicate with you via FAX, e-mail, or other methods of our choosing.

Signature: â _____

(Authorizing Officer Signature)

Title: _____ Date: _____

(Please Print Name)

*** Please fax completed application to ***
(845) 496-0630

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age ((provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

REV 0109