



KEYSTONE

EQUIPMENT FINANCE CORP.

433 New Park Avenue
WEST HARTFORD, CT 06110
Sales Representative, **Jesus Crespo**
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860-570-9232 Facsimile
JCrespo@KeystoneEFC.com

COMMERCIAL

Application for Credit

Completed & Signed by Customer

Company Name _____

Business Address _____
City / State / Zip _____
Location Address _____
City / State / Zip _____
Bus Phone # _____ **Fax #** _____
Pager # _____ **Mobil#** _____
E-Mail Address _____
Contact _____ **Title** _____
Relative _____ **Phone** _____

Dealer / Seller _____

Address _____
City / State / Zip _____
Rep Name _____
Bus Phone # _____ **Fax #** _____

Equipment

Business Start Date _____
Federal ID Number _____

☐ Sole Owner

Check one ☐ Partnership

☐ Corporation

State Inc. in: _____ **Date:** _____

Type of Business (in detail) _____

Cost Breakdown \$ _____
\$ _____
\$ _____
\$ _____

Bank & Trade Information

Bank _____ **Town / State** _____ **Phone #** _____ **Contact** _____
Business Account # _____ **Account #** _____ **Personal Account #** _____
Trade _____ **Town / State** _____ **Phone #** _____ **Contact** _____
Trade _____ **Town / State** _____ **Phone #** _____ **Contact** _____

Principal / Owner

Full Name _____ **Social Security Number** _____ **Title** _____ **Ownership %** _____
Home Address _____ **Home Phone #** _____
Are you a U.S. citizen? YES _____ NO _____ If NO, please provide country of citizenship _____
Full Name _____ **Social Security Number** _____ **Title** _____ **Ownership %** _____
Home Address _____ **Home Phone #** _____
Are you a U.S. citizen? YES _____ NO _____ If NO, please provide country of citizenship _____

By signing below the undersigned individual(s), who is either a principal of the credit application or a personal guarantor of its obligations, provides written instructions to Keystone Equipment Finance Corp. or its designees, assignee and/or successor(s)-in-interest 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 collecting the resulting account. A copy of this application shall be valid as the original.

X
(Signature)

(Print Name)

Dated: _____

X
(Signature)

(Print Name)

Dated: _____