Dealer: Air Conduit

Contact: Thom St.John

Phone #: 409-937-5402

Proposed Solution for: **ABC Client**

Estimated Total Project Cost: **$50,000.00**

Date: **December 9, 2014**

PLEASE PRINT THIS QUOTE AND APPLICATION

Term	Monthly Payment**
36 Months	$1,663.50
48 Months	$1,293.00
60 Months	$1,077.00

*** $1.00 purchase option at the end of the term. Plus applicable sales tax , if applicable**

*** Lease terms are subject to credit approval and minimum two years in business, payments are subject to change**

High Efficiency Equipment = Lower Energy Bills

FLEXIBLE FINANCE TERMS PROVIDED BY:

financing solutions
HORIZON·KEYSTONE FINANCIAL

TOTAL PROJECT FINANCING

NO FINANCIALS UP TO $150,000

CREDIT DECISIONS IN LESS THAN 24 HOURS

NO ADVANCE DEPOSIT REQUIRED

FOR QUOTES OVER $150,000, PLEASE CALL FOR PAYMENTS!!

PLEASE CONTACT JANEEN WADDELL AT 800-606-0049 x124 FOR MORE INFORMATION

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Credit Application

Questions? Call Janeen Waddell 800-606-0049 x124
janeen@horizonkeystone.com

Lessee Information			
Legally Registered Name:		**Trade or DBA Name:**	**Primary Contact:**
Physical Address:		**City, State, Zip Code:**	
Equipment Location:		**City, State, Zip Code:**	
Email Address:		**Phone:**	**Cell Phone:**
Years in Business: (Min. 2 Years Required) _____ Years _____ Months (Under Current Owner)		**Do you own the Equipment Location: YES OR NO (circle one)** **Type of Business: ___ Corporation ___ Proprietorship ___ Non Profit**	
# of Employees:	**Federal ID#:**	**State of Incorporation:**	**Nature of Business:**

Business Checking Information		
Name of Bank:	**Average Bank Balance:**	**(optional : please include the 1st page of past 3 month bank statements)**

Principal Information (If more than two, copy form & complete for each)		
Full Name of Principal:	**Title:**	**% of Ownership:**
Home Address:	**Cell Phone:**	**Social Security #:**
Full Name of Principal:	**Title:**	**% of Ownership:**
Home Address:	**Cell Phone:**	**Social Security #:**

Below Please Enter If known : Dealer / Contractor / Vendor/ Supplier Information		
Dealer / Contractor: Air Conduit	**Contact: Thom St. John**	**Phone #: 409-937-5402**

Requested Terms:		
Equipment Type:	**Amount Financed:**	**Monthly Payment:**
Target Delivery Date:	**TERM: 36, 48, 60 Months (Circle)**	**Purchase Option: $1.00 (Other Options Upon Request)**
Are you purchasing any additional equipment you would like to lease? YES / NO (circle)		

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Horizon Keystone Financial, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

** ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.*

Signature: _____ Date: _____

Signature: _____ Date: _____

Return To: Fax 800-606-0037; Scan applications@horizonkeystone.com