American Business Leasing

3010 Braintree Road - Franklin, TN 37069

Phone 615.405.7830

Equipment Lease/Finance APPLICATION

KEYSTONE

Lessee

Company Name: _____

DBA: _____ Fed Tax ID: _____

Address: _____

City, State & Zip: _____

Business Phone: _____

Contact Name: _____ Phone #: _____

e-Mail: _____ Fax: _____

Business Description: _____

Time In Business Under Current Ownership: _____

Type of Business: ☐ C-Corp ☐ S-Corp ☐ Proprietorship ☐ Partnership ☐ LLC ☐ Non-Profit

Vendor

KEYSTONE

Company Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Contact: _____

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: _____

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: ➔ _____

Print Name: _____

Date: _____

Signature: ➔ _____

Print Name: _____

Date: _____

Trade References (2 Business Credit References)

Company	Contact Name and/or Account #	Telephone	Fax

KEYSTONE

New Equipment to be Leased (Attach equipment schedule if necessary)

KEYSTONE

Description: _____ Cost: $ _____

Terms Requested

Number of Months: _____ Lessee Deposit: $ _____ Monthly Payment*: $ _____ Purchase Option: _____

*Does not include sales tax.

I authorize all deposit, borrowing, and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original.

Signature: ➔ _____ Title: _____ Date: _____

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.