



Key Equipment Finance

BUSINESS LEASE APPLICATION

Upon completion, fax this form to: **800-746-2436**
For information, call Key Equipment Finance: **800-800-3671**

KEYBANK INFORMATION

KeyBank Contact _____	E-mail _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____
Short ID _____	Cost Center _____

REQUEST INFORMATION

Amount Needed _____ <small>(If >\$50,000, applic. + 2 years' financial statements & current interims required)</small>	Type of Financing _____
Initial Term (Months) _____	Estimated Time Frame: <input type="checkbox"/> Immediate <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days
Equipment Description _____	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Sale Leaseback
Vendor Name* _____	Contact Name _____ Phone _____

* Please include an invoice or bill of sale if possible with application submission

CUSTOMER BUSINESS INFORMATION

Contact Name _____	Title _____
Business Name _____ <small>(full legal name)</small>	DBA _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____
Date Business Started (minimum two years in business) ____/____/____	Nature of Business _____
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Federal Tax ID Number _____	Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please attach sales tax exempt certificate.)</small>
Bank Name _____	Bank Contact _____
Bank Account Number _____	Bank Phone Number _____

GUARANTOR INFORMATION

EACH GUARANTOR MUST OWN AT LEAST 20% OF THE BUSINESS

Principal/Guarantor Name _____	Principal/Guarantor Name _____
Social Security Number _____ Date of Birth ____/____/____	Social Security Number _____ Date of Birth ____/____/____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____

By submission of this credit application, the referral source certifies that it has provided applicants with the following notices and that each individual and entity identified above is a voluntary participant in the proposed transaction(s) and has by written instruction authorized as follows: Information is provided for submission to possible sources of credit and such sources of credit are authorized to make UCC filings, to fully investigate the financial responsibility of each individual and entity, and to search out, obtain and share credit and consumer information from all sources, including public and private records and consumer credit bureau reports.

- - - - - Cut here and retain for your records - - - - -

DISCLOSURE OF RIGHT TO REQUEST A WRITTEN STATEMENT OF REASONS FOR DENIAL OF CREDIT:

Key Equipment Finance Inc. ("KEF") complies with Section 326 of the Patriot Act, which requires KEF to obtain, verify, and record information that identifies each applicant for financing. KEF complies with the FACT Act, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. KEF also complies with the Equal Credit Opportunity Act ("ECOA"), which prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. The federal agency that administers compliance by KEF with the ECOA is the Federal Reserve Bank of New York, 33 Liberty Street, NY, NY 10045. Each applicant may request (within 60 days of denial) a written statement from KEF of the reasons for any credit denial and such statement will be provided within 30 days of the request. Please send requests to: KEF Office of Credit Disclosure, 1000 South McCaslin Blvd., Superior, Colorado 80027-9456.