



Key Equipment Finance

8170 Old Carriage Court North, Suite 200, Shakopee, MN 55379 – (952)-465-3950 office, (952)-465-3951 fax

COMMERCIAL CREDIT APPLICATION

Legal Name of Entity: _____
 d/b/a _____
 Entity Type: Corp. L.L.C. Sole Prop Partnership FED TAX I.D.# _____
 Street Address: _____ Suite/Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Bus. Phone #: _____ Bus.Fax #: _____ Cell #: _____ Years in Bus.: _____
 Principal Business Activity: _____ # of employees: _____

PERSONAL GUARANTORS:

Name: _____	Name: _____
Title: _____ % Ownership: _____	Title: _____ % Ownership: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
SSN: _____ Birth date: _____	SSN: _____ Birth date: _____

NEAREST RELATIVE NOT LIVING WITH GUARANTOR LISTED ABOVE:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Cell #: _____	Phone #: _____ Cell #: _____
Relationsh: _____	Relationship: _____

BANK REFERENCES:

Bank Name: _____	Personal Contact : _____
Address: _____	Checking Account #: _____
City: _____ State: _____ Zip: _____	Loan Account #: _____
Phone #: _____	Savings Account #: _____

VEHICLE LEASE/FINANCE REFERENCES

Name: _____	Personal Contact : _____
Phone #: _____	Account #: _____
Name: _____	Personal Contact : _____
Phone #: _____	Account #: _____
Name: _____	Personal Contact : _____
Phone #: _____	Account #: _____

I make this application to Key Equipment Finance(KEY) for a lease finance line of credit and give the above information to (KEY)in order to obtain this credit. I authorize (KEY) to obtain information concerning any statements made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

Applicant: _____ Applicant: _____
 Dated: _____ Dated: _____

FAX COMPLETED APPLICATION BACK TO CHRIS LOUNSBURY AT (815) 933-3966