

# KEYSTONE

EQUIPMENT LEASING, INC.

2877 Route 94 ♦ Post Office Box 284  
Blooming Grove, New York 10914

## Credit Bureau Authorization

**FAX TO: 800-653-2733**

Rev 1/07

Lessee

Keystone

Company Name: \_\_\_\_\_

### Personal Information on Officers, Partners or Owners

Keystone

Name 1: \_\_\_\_\_

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:   â   \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: 2 \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Signature:   â   \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name 3: \_\_\_\_\_

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:   â   \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: 4 \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Signature:   â   \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_