

## DEALER/CONTRACTOR ENROLLMENT FORM

## Contact Horizon Keystone Financial at 800-606-0049

Legal Company Name:	Trade/DBA Name:			
Sales Manager:	Phone #:Cell Phone #			
Physical Address:		E-Mail Address:		
Year Business Started:	□Corporation □Partnership □Pro	oprietor State Incorporated	Federal II	D#:
# of W2 Employees?:	# of Sales Reps? # of Locati	ions: Office:	ne Office	Stand Alone
% of Business Commercial:	Average # of Commercial Installs	Per Month:		
% of Business Residential:	Average # of Residential Installs I	Per Month:		
How many leases have you clos	sed during the past 12 months?	Who Referred you to	o us?	
Your Cash Terms:	A/R or Invoice Contact:	A/R or Invoi	ce Phone #:	
Payment Preference:	ACH Wire Overnight Check	Regular Mail (If ACH or Wire	e, complete below	v)
Bank:	Account #	ABA #:	Name of	on Acct:
References:				
Lead Distributor:	Brand:	Term	ns: Da	ate of last purchase:
Contact:	Phone #:	E-Mail:		
Lead Distributor:	Brand:	Term	ns: Da	ate of last purchase:
Contact:	Phone #:	E-Mail:		
OWNEDGIJID INEG	DIMATION AND 1 (C			
OWNERSHIP INFO	**Dealers/Contracto	ors less than 2 years in business may be	required to have th	neir personal credit reviewed
Name:	Title:	% of Ownership: Social	Security #:	
Home Address:		Cel	1 Phone #	
	ned individual as principal authorizes Ho ïles . A fax or photocopy of this authoriz	•	gnee, assigns or	potential assigns, to review his/her
Signature: X				
If you are interested in re	eceiving more information on a	ny of the below products a	nd program,	please "x":
Financing Programs  50% Prefunding  \$150,000 App Only  New Business  Commission  Performance Reward	Training  ☐ Website Proposal System ☐ Excel Proposal System ☐ Automated Internal System ☐ Sales/Business Training We (application, overview, tax flye	er, excel payment calc.)	☐ E-N ☐ Broo Is w/ your Loo	go
PLEASE FAX B	SACK TO 800-606-0037 S	OCAN TO <u>HVAC@H</u>	<u>UKIZUNI</u>	KEYSTONE.COM
FOR OFFICE USE ONLY				
Sign Off: BDM	SM:	☐ APPROVEI	D □ DECLIN	ED DATE: