

VENDOR INFO

Vendor/Dealer Name Markertek Video Supply E-mail sales@markertek.com
 Address 1 Tower Drive • Box 397 City Saugerties State NY Zip 12477
 Contact Person Tom Moretti Vendor Salesperson _____
 Phone 845-246-3036 Fax 845-246-1757

REQUEST INFO

Amount Needed _____ End of Lease Options: Purchase for Fair Market Value
 (If >\$75,000, applic. + 2 years' financial statements & current interims required) Purchase for \$1
 Initial Term (Months) _____ Purchase for 10%
 Monthly Lease Payment (exclusive of tax) _____ Other _____
 Equipment Description _____ Estimated Time Frame: Immediate 30 Days 60 Days 90 Days

CUSTOMER BUSINESS INFO

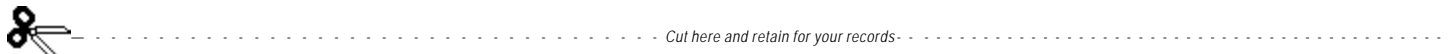
Contact Name _____ Title _____
 Business Name (full legal name) _____ DBA _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____
 Date Business Started (minimum two years in business) ___/___/___ Nature of Business _____
 Business Type: Sole Proprietorship Partnership Corporation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

GUARANTOR INFO

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 Application, Vendor / Dealer certifies the following notices and those found below will be provided to the appropriate parties and that each individual identified above has authorized by written instruction as follows: Information above is provided by each individual with authorization for it to be submitted with credit applications to possible sources of credit. By submission of the credit applications, the various credit sources are authorized to make UCC filings and to fully investigate the financial responsibility of each individual and to search out and obtain all credit and consumer information from all available sources, including private business records and consumer credit bureau reports, and to obtain financial statements, tax returns, and other information. The sharing of all credit information is hereby authorized.



If your application for business credit is denied, you have the right to a written statement of the reasons for the denial. To obtain a statement, please contact: Office of Credit Disclosure, Key Equipment Finance ("KEF"), a Division of Key Corporate Capital Inc., 1000 S McCaslin Blvd Superior CO 80027 within 60 days of the date that you are notified by KEF of the credit decision. KEF will send you a written statement of its reasons for the denial of credit within 30 days of receiving your request for the statement.

Notices: 1) KEF complies with Section 326 of the Patriot Act. This federal law requires us to obtain, verify, and record information that identifies each customer who opens an account or applies for financing. 2) 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 concerning your credit rights is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

