

STARLITE LEASING, INC. CREDIT APPLICATION
 (317) 873-9728 FAX: (317) 873-9739

Dealer Name:	Location: City/State
Contact:	Phone: Fax:

Italicized sections are required for credit review

Legal Name: _____ **DBA:** _____ **State of Organization or state of legal residence for individuals:** _____

Check One:

Proprietorship Corp. L.L.C. Partnership Other Tax Exempt # _____

SOC SEC #/TAX ID # _____ **State-Issued Organization # (not tax id #)** _____ **Type of Bus.** _____ **Yrs in Bus.** _____ **E-Mail Address** _____

Primary Legal/CEO Address: Street _____ City _____ County _____ State _____ Zip _____

Physical Equipment Location: Street _____ City _____ County _____ State _____ Zip _____

Billing Address: Street _____ City _____ County _____ State _____ Zip _____
 (if different from above)

Phone # _____ Fax # _____ Mobile Phone # _____ Contact Name _____

Owner/Guarantor Information: Title _____ Home Address _____ Home Ph. # _____ Social Security # _____ Ownership % _____
 Name: _____

Owner/Guarantor Information: Title _____ Home Address _____ Home Ph. # _____ Social Security # _____ Ownership % _____
 Name: _____

Have you previously done business with STARLITE LEASING, INC.? No ___ Yes ___ If yes, Acct # _____

List three (3) other creditors plus your bank and insurance information:

Bank City & State Telephone # Contact Account #

Finance City & State Telephone # Contact Account #

Insurance Company Telephone # Contact Policy #

Trade City & State Telephone # Contact Account #

Trade City & State Telephone # Contact Account #

Trade City & State Telephone # Contact Account #

Applicant certifies that the information given above is true, complete and accurate. Applicant agrees that Starlite Leasing, Inc. ("Starlite") may terminate any agreement entered into in reliance on any misstatement made above. Applicant authorizes Starlite and its agents and representatives to receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience. Applicant authorizes any persons or company to release to Starlite and its agents and representatives credit experience, account information and any and all other information regarding Applicant. This authorization shall be a continuing authorization for all present and future disclosures of the above information.

Terms: Due Upon Receipt. Unpaid past due balances will be subject to a late charge of one and one half percent per month (18% APR) on the outstanding balance. All Delinquency and collection charges, including reasonable attorney fees and court costs will be paid by the customer, all without relief of valuation and appraisal laws.

Customer Signature _____ Title _____ Date _____ Customer Signature _____ Title _____ Date _____

FOR OFFICE USE ONLY

EQUIPMENT
 Qty N/U Year Manufacturer/Model Serial # Price Residual Payment Maintenance

Other Detail: Attachments, etc:

Trade Detail: Qty: Year Manufacturer Model Dealer Allowance Lienholder Payoff

Total Sales Price	\$ _____	Fees	\$ _____
Net Trade	\$ _____		\$ _____
Cash Down	\$ _____	Finance Amount	\$ _____
Taxes	\$ _____	Total Payment	\$ _____