NORTH STAR LEASING COMPANY

P.O. Box 4505
Burlington, VT 05406-4505
Phone: (802)862-6084
Fax: (802)658-9724

Lucy Burke

Lucy@northstarleasing.com
www.northstarleasing.com

VENDOR

Company_____
Representative_____
Telephone (___)_____
Fax (___)_____

EQUIPMENT

Description_____
Total Cost_____
Term_____
Purchase Option: $1.00/FMV

LESSEE

Type of Business_____ Years in business____
Correct Legal Name_____ # of employees____
Trade Name_____ Tel (___)_____
Street Address_____ Fax (___)_____
City_____ State_____ Zip_____
Cell Phone_____ E-mail_____
Business Property: ( )Own ( )Rent Gross Sales: _____
Corp Officer_____ Accounts Payable Contact_____
( )Proprietorship ( )Partnership ( )Corporation (Federal ID#_____)

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of it's obligations, provides written instruction to lessor of it's designee (and any assignee of 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 of 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.

PERSONAL INFORMATION

Owner_____ Owner_____
Home Address_____ Home Address_____
City_____ State_____ Zip_____ City_____ State_____ Zip_____
( )Rent ( )Own Mortgage Holder_____ ( )Rent ( )Own Mortgage Holder_____
Telephone (____)_____ Telephone (____)_____
Social Security_____ Social Security_____

FINANCIAL & LENDING REFERENCES

Bank_____ Checking Acct #_____
Loan #_____ Telephone (____)_____

TRADE REFERENCES (Please list companies that you currently do business with and have running accounts with)

Name_____ Name_____ Name_____
City_____ City_____ City_____
Acct #_____ Acct #_____ Acct #_____
Telephone (___)_____ Telephone (___)_____ Telephone (___)_____

RELEASE

I verify the accuracy of the above information and authorize North Star Leasing Company to contact my bank(s) to verify the acceptability of my credit.

Signed:_____ Title: _____ Date: _____