



CREDIT APPLICATION

Rev 08/-2011

Return to: joyce.wallace@starleasing.com

Phone: 614-278-9999

Attn: Credit Department
4080 Business Park Drive
Columbus, OH 43204

Fax: 614-275-2884

Star Leasing Account Manager:

Branch:

Table with columns: Type of Equipment, Quantity, Fix Rate \$, Mile Rate \$, Date Equipment Needed?, Billing Cycle?, Lease, Rental, Maint, Select Business Type

PLEASE SEND YOUR TRADE REFERENCES ON YOUR COMPANY LETTERHEAD WITH THIS APPLICATION

Company Name: Billing Address and Contact if Different:

Address: Address:

City, State., Zip

Phone: Phone:

Fax: Fax:

A/P Contact Name: Ext. Tax Exempt ? Y N

Sales Contact Name: Ext. PO Required ? Y N

Federal ID #: MC #

Email Address: SIC# DOT #

Type of Business: NAICS# PUCO#

DUNS#

Business Established: In State of: Entity Type: (Corp., LLC, Partnership, Sole Proprietor..etc.)

Officer Title SS #

Officer Title SS #

Please select the billing account preference (subject to credit approval)

Invoice Delivery Method

Payment Method

EMAIL

ACH Enrollment - Checking Account Debit

FAX

Credit Card Enrollment

Enrollment forms will be provided upon credit approval.

Bank Name: Phone #: Fax #:

Checking #: Saving #: Loan #:

Checking #: Saving #: Loan #:

Insurance Company: Policy #:

Agent Name: Phone:

Equipment will not be released without a valid Insurance Certificate on File.

This application is made with the understanding that payment is due NET20 days from invoice date. The terms and conditions are preprinted on all invoices. Applicant's failure to meet payment terms, as identified herein, will result in credit suspension or revocation.

The undersigned hereby authorizes applicants bank(s), insurance company(s), and other credit/business reference(s) to release such information as is necessary to establish credit with Star Leasing Co.

Authorized Signature: Title: Date: