



CREDIT APPLICATION

Lessee Company Information

Full Legal Business Name					
Business Phone Number	Business	Fax Number	Business	E-Mail	
Address (cannot be a P.O.Box)		City	County	State	Zip
Signer	Title		Years in Business	Federal Tax ID	
Type of Business:	Non-Profit	Sole Proprietorship	Partnership	Corporation	LLC

Personal Information on Owners / Officers / Guarantors

Name	Title	SS#	DOB	Ownership %
Home Address		City	State	Zip Code
Name	Title	SS#	DOB	Ownership %
Home Address		City	State	Zip Code

Company Bank Information ****please provide bank statements - 1st page only for the last 3 months**

Name of Bank	Checking Account Number	Phone Number	How long?	Contact Officer
Name of Bank	Checking Account Number	Phone Number	How long?	Contact Officer

Lease / Loan References

Creditor	Original Amount	Account Number	Phone Number	Contact Officer
Creditor	Original Amount	Account Number	Phone Number	Contact Officer

Landlord Information

	<i>Rent</i>	<i>Lease</i>	<i>Own</i>	
Landlord or Mortgagee	Address		Phone Number	Contact

Equipment Description

Vendor/Supplier	Equipment	Equipment Cost
Address	Phone Number	Contact

Declaration
 The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is to be true, correct and complete. First Star Capital is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them). We also warrant that we have never filed bankruptcy.

Authorized Signature	Date
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Authorized Signature	Date
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