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Finance Application

			Appl	icant Info	rmatior	<u> </u>				
Legal Business Name:					Years	in Business:		# of Employees:		
Trade Name (DBA)					Annua	al Sales:		Fed ID #		
Type of Business:					Phone:					
Mailing Address:					Cell:					
Email:		Fax:								
City:				ate:	<u> </u>	Zip:				
Corp Officer:				Accts Payable Contact:						
Proprietorship	artnership		LLC			Corp Non Profit				
Business Property: Own	Re	nt								
Trade References										
#1)	1) #2)				#3)					
Contact: Contact:				Contact:			ot:			
City: City:							City:			
Acct #	Acct #				Acct #					
Phone: Phone:						Phone:				
Personal Information										
Owner #1: Owner #2:										
Home Address:		Home Address:								
City	State	Zip		City				State	Zip	
Email:				Email:				'		
Rent Own Spouse or 'r		Rent	Own Spouse or 'none'							
Phone Cell				Phone		Cell				
Social Security # Social Security #										
<u>Equipment</u>										
Description:										
Total Cost:		Term:	12n	no 24mo	36mo	48n	no 60mo	Purchase of	option at end of lease \$1.00	
Equipment Supplier										
Company Name:										
Representative:				hone:			Fax:			
Email:										
RELEASE Applicant represents that this equipment is being The undersigned applies for the lease indicated approved. North Star Leasing and its authorized application or thereafter in connection with the tracing. North Star Leasing and its Authorized limited to credit bureau, other companies, outside the companies of the compan	l in this appl d affiliates a same transa Affiliates ar	ication. Everything re authorized to chaction or extension e authorized to pro	g stated in seck my co of credit a ovide histo	this application is redit and employ and for the further ry information to	is correct. N ment history or purpose of	orth Star Le for the pur f reviewing	asing may retain t poses of determini the account, taking	he application wh ng my credit wor g collection activi	ether or not the lease is thiness at the time of my ty on the account, and skip	
Owner #1		Title			Date					
Owner #2				Title			Date			