

Contact: JOHN HARLE

STARLITE LEASING, INC.

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APPLICATION FOR LEASE

BUSINESS	Business Name	Phone	Fax
	Address (Street)	(City)	(State) (Zip)
	Type of Business	Age of Business	County
	Location of Equipment (Street)	(City)	(State) (Zip) (County)

OWNER	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation: Fed. Tax No. _____ Other _____				
	Principal's Name	Title	% Ownership	Home Phone	Social Security Number
	Home Address (Street)		(City)	(State) (Zip)	(County)
	Principal's Name	Title	% Ownership	Home Phone	Social Security Number
	Home Address (Street)		(City)	(State) (Zip)	(County)

BANKS	Bank	Branch	Phone	Fax
	Account Under Name Of	Account Number	Current Balance	Contact
	Bank	Branch	Phone	Fax
	Account Under Name Of	Account Number	Current Balance	Contact

TAXES	Company Name	Account Number	Phone	Fax	Contact

EQUIPMENT	Term: (months) <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other	Contact Person	Equipment Cost
	Residual (Buyout) <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> Other		
	Equipment to be Leased <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	Model	Model

Thereby authorize Starlite Leasing, Inc or any credit bureau or other investigative agency employed by Starlite Leasing, Inc. to investigate the references herein listed employments or other data obtained from me or from any other person pertaining to my credit _____ responsibility.

Signature _____
 Title _____
 Date _____