



## BUSINESS CREDIT APPLICATION

GENERAL					
COMPANY NAME				DATE	LEASE #
STREET ADDRESS		CITY	STATE	ZIP CODE	WEB SITE
PHONE		FAX		EMAIL	
OFFICERS OR PARTNERS 1.		OFFICERS OR PARTNERS 2.		CONTACT NAME	
NATURE OF BUSINESS				DATE ESTABLISHED	
TYPE OF BUSINESS <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GENERAL <input type="checkbox"/> LLC   STATE _____				# OF EMPLOYEES	
PARENT COMPANY – NAME AND ADDRESS			FEDERAL TAX ID #		

BANK REFERENCES					
NAME		ADDRESS		CITY	STATE    ZIP
OFFICER		PHONE NUMBER	ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NAME		ADDRESS		CITY	STATE    ZIP
OFFICER		PHONE NUMBER	ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

TRADE REFERENCES				
NAME		PHONE NUMBER	CONTACT	ACCOUNT #

EQUIPMENT				
TYPE OF LEASE <input type="checkbox"/> \$1 BUYOUT <input type="checkbox"/> FMV <input type="checkbox"/> 10% PUT		ITEMS TO BE LEASED <input type="checkbox"/> NEW <input type="checkbox"/> USED	VENDOR NAME	PRIMARY LOCATION
NUMBER OF UNITS	DESCRIPTION OF ITEMS TO BE LEASED		AGREED VALUE	
LEASE TERM (MONTHS)			MONTHLY PAYMENT	

<p>THIS AUTHORIZES THE ABOVE FINANCIAL INSTITUTION (S) TO RELEASE ANY CHECKING, SAVINGS AND/OR LOAN INFORMATION TO ST CAPITAL. APPLICANT REPRESENTS AND WARRANTS THAT ALL CREDIT AND FINANCIAL INFORMATION SUBMITTED TO ST CAPITAL IS TRUE AND CORRECT. YOU ALSO AGREE THAT ST CAPITAL OR THEIR ASSIGNEES MAY OBTAIN INFORMATION PERTAINING TO THIS APPLICATION, INCLUDING BUT NOT LIMITED TO OWNERS, OFFICERS OR GAURANTORS.</p>	
<p>_____ APPLICANT'S SIGNATURE</p>	<p>_____ DATE</p>