

Paul Fisher Insurance Services, LLC

3967 William Penn Highway, Murrysville, PA 15668 724-519-7503 Paul@PaulFisherInsurance.com

CREDIT APPLICATION

Lessee Company Information

Full Legal Business Name

Business Phone Number

Business Fax Number

Address (cannot be a P.O.Box)

City

State

Zip

Signer

Title

Years in Business

Federal Tax ID

Type of Business: Non-Profit

Sole Proprietorship

Partnership

Corporation

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

Insurance Company Information

Insurance Company Name

Policy #

Beginning Date

Expiration Date

Lease / Loan References

Creditor

Original Amount

Account Number

Phone Number

Contact Officer

Creditor

Original Amount

Account Number

Phone Number

Contact Officer

Landlord Information

Rent

Lease

Own

Landlord or Mortgagee

Address

Phone Number

Equipment Description

Type

Model

Year

New/Used

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. ***This credit application is in association with First Star Capital. For questions or more information, please visit www.FirstStarCapital.com or call (800) 604-4817.***

Authorized Signature

Date