



VENDOR

EQUIPMENT

Company _____ Description _____
 Representative _____ Total Cost _____
 Telephone (____) _____ Term _____
 Fax (____) _____ Purchase Option: \$1.00/FMV

LESSEE

Kyle Albee
 P.O. Box 4505
 Burlington, VT 05406-4505
 Phone: (802)862-6084
 Fax: (802)658-9724
 E-mail:
 Kyle@northstarleasing.com
 www.northstarleasing.com

Type of Business _____ Years in business _____
 Correct Legal Name _____ # of employees _____
 Trade Name _____ Tel (____) _____
 Street Address _____ Fax (____) _____
 City _____ State _____ Zip _____
 Cell Phone _____ E-mail _____
 Business Property: ()Own ()Rent Gross Sales: _____
 Corp Officer _____ Accounts Payable Contact _____
 () Proprietorship () Partnership () Corporation (Federal ID# _____)

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of it's obligations, provides written instruction to lessor of it's designee (and any assignee of potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat of facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above application.

PERSONAL INFORMATION

Owner _____ Owner _____
 Home Address _____ Home Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 ()Rent ()Own Mortgage Holder _____ ()Rent ()Own Mortgage Holder _____
 Telephone (____) _____ Telephone (____) _____
 Social Security _____ Social Security _____

FINANCIAL & LENDING REFERENCES

Bank _____ Checking Acct # _____
 Loan # _____ Telephone (____) _____

TRADE REFERENCES

Name _____ Name _____ Name _____
 City _____ City _____ City _____
 Acct # _____ Acct # _____ Acct # _____
 Telephone (____) _____ Telephone (____) _____ Telephone (____) _____

RELEASE

I verify the accuracy of the above information and authorize North Star Leasing Company to contact my bank(s) to verify the acceptability of my credit.

Signed: _____ Title: _____ Date: _____