

Contact: JOHN HARLE	STARLITE LEASING, INC. P.O. BOX 837 Zionsville, IN 46077	Office: (317) 873-9728 Mobile: (317) 201-8229 Fax: (317) 873-9739
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APPLICATION FOR LEASE

B U S I N E S S	Business Name	Phone	Fax
	Address (Street)	(City)	(State) (Zip)
	Type of Business	Age of Business	County
	Location of Equipment (Street)	(City)	(State) (Zip) (County)

O W N E R S H I P	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation: Fed. Tax No. _____ <input type="checkbox"/> 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)				

B A N K S	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

T R A D E S	Company Name	Account Number	Phone	Fax	Contact

E Q U I P M E N T	Term: (months) ___ 24 ___ 36 ___ 48 ___ 60 ___ Other	Contact Person	Equipment Cost
	Residual (Buyout) ___ \$1 ___ 10% ___ 20% ___ 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