

(870) 212-3015



financing@mynorthstarcapital.com

Application for Financing

	Applicar	nt Information	
Company Name		Contact Name	
Company Address	City	State	Zip
Contact Title	Contact Phone	Email Address	
Federal I.D. (required)	Years in Business	State of Formation	n
Business Type	Business I	Description	
	Equipme	nt Information	
Manufacturer	Model		Year
Dealer Quoted Price (O	eptional) Serial N	Jumber	Quantity
	Referra	1 Information	
☐ Yes ☐ No Previous Customer?	Referre	d by	
	Bank Inform	mation (optional)	-
Bank Name	Bank C	ontact	Phone
☐ Yes ☐ No Automatic Payments O	nt-In Accoun	t Number	Routing Number
e undersigned "Signer" is an authoriz wided together with the Application I accurate. This Application is made siness or personal financial informati	ed representative of the Applicant and including, without limitation, tax return only for commercial transactions. The including, but not limited to, informed this toy. The Signer hereby authors	certifies that the information prov ns, financial statements, and other e Signer hereby authorizes North rmation from credit bureaus or o	ided in this Leasing Application and all other docume documents related to credit or financial history, are t Star Capital and its affiliates or assignees to obtain ther financial reporting or consumer reporting agencies in possession of relevant information about
ignature	Na	ame (Printed)	Date

