



CREDIT APPLICATION

Rev 07-2013

Return to: joyce.wallace@starleasing.com
Attn: Credi

Phone: 614-278-9999
Fax: 614-275-2884

Star Leasing Account Manager: Branch:

Table with columns: Type of Equipment, Quantity, Fix Rate \$, Mile Rate \$, Date Equipment Needed?, Billing Cycle?, Lease, Rental, Maint, Circle Business Type

PLEASE SEND YOUR TRADE REFERENCES ON YOUR COMPANY LETTERHEAD WITH THIS APPLICATION

Company Name, Address, City, State, Zip, Phone, Fax, Billing Address and Contact if Different, A/P Contact Name, Sales Contact Name, Federal ID #, Duns #, MC #, Email Address, Type of Business, NAICS#, PUCO#, Business Established, In State of, Entity Type, Officer, Title, SS #

YOU AGREE TO ACCEPT ELECTRONIC INVOICING via email or fax information listed below: Complete Invoice Delivery Method, Select Payment Method (Enrollment form to be provided), EMAIL, FAX, ACH Enrollment - Checking Account Debit, Credit Card Enrollment, Bank Name, Phone #, Fax #, Checking #, Saving #, Loan #, Insurance Company, Policy #, Agent Name, Phone #. Equipment will not be released without a valid Insurance Certificate on File.

This application is made with the understanding that payment is due NET20 days from invoice date. The terms and conditions are preprinted on all invoices. Applicant's failure to meet payment terms may result in credit suspension or revocation.

The applicant understands that when using a heavy-duty tractor to pull a 53-foot or longer box-type trailer on a highway within California, the box-type trailer must be compliant with Sections 95300 - 95311, Title 17, California Code of Regulations; and that it will be the responsibility of the applicant, as Lessee, to ensure that the box-type trailer is compliant.

The undersigned hereby authorizes applicant's bank(s), insurance company(s), and other credit/business reference(s) to release such information as is necessary to establish credit with Star Leasing Co.

Authorized Signature: Title: Date: