

NORTH STAR FUNDING CORPORATION

Application for Equipment Finance
Please complete and return fax to: **877-377-5105**

Attention: **JACOB N. CHAVEZ**

BUSINESS	BUSINESS NAME LESSEE			TELEPHONE ()		
	STREET ADDRESS			FAX ()		
	CITY / STATE / ZIP		COUNTY	EMAIL ADDRESS		
	TYPE OF BUSINESS AND/OR SIC CODES		START DATE	YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID	
	CONTACT NAME		TAX EXEMPT?	ANNUAL SALES	HAVE COMPANY/OWNERS FILED BANKRUPTCY	
	PROPRIETORSHIP () PARTNERSHIP () C-Corp () S-CORP () LLC () NON-PROFIT ()					STATE OF INCORPORATION:
OWNERSHIP	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY #	HOME PHONE	% OF OWNERSHIP
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	SIGNATURE
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY #	HOME PHONE	% OF OWNERSHIP
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	SIGNATURE
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY #	HOME PHONE	% OF OWNERSHIP
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	SIGNATURE
BANK REFERENCES	BANK		BRANCH CITY	CONTACT	TELEPHONE ()	
	ACCOUNT IN THE NAME OF		ACCOUNT NUMBER		CHECKING	SAVINGS LOAN
	BANK		BRANCH CITY	CONTACT	TELEPHONE ()	
	ACCOUNT IN THE NAME OF		ACCOUNT NUMBER		CHECKING	SAVINGS LOAN
LOANS/LEASES	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE ()	
	ACCOUNT NUMBER		LENGTH OF TERM	START DATE (MONTH/YEAR)	MONTHLY PAYMENT	
	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE ()	
	ACCOUNT NUMBER		LENGTH OF TERM	START DATE (MONTH/YEAR)	MONTHLY PAYMENT	
TRADES	TRADE REFERENCE (COMPANY NAME)		CONTACT PERSON	ACCOUNT NUMBER	TELEPHONE ()	
	TRADE REFERENCE (COMPANY NAME)		CONTACT PERSON	ACCOUNT NUMBER	TELEPHONE ()	
TRANSACTION SUMMARY	TYPE OF EQUIPMENT		LENGTH OF TERM	PURCHASE OPTION	EQUIPMENT COST	NEW USED
	VENDOR INFORMATION (COMPANY NAME)		CONTACT PERSON		TELEPHONE ()	
CREDIT RELEASE AND AUTHORIZATION						
<p>By signing below, I authorize lessor and/or its assignees to make whatever credit inquiries that it deems necessary in connection with this application including, but not limited to, obtaining consumer credit reports peretaining to the principals' individual credit history. I authorize any person or financial institution to complete and furnish to the lessor any financial information that it may have or obtain in response to such credit inquiries. I declare all information set forth in this application to be true representation of the facts and I acknowledge that any willful misrepresentation on this lease application could result in criminal action.</p>						

AUTHORIZED SIGNATURE

TITLE

DATE

NORTH STAR FUNDING CORPORATION - 5666 La Jolla Boulevard, #302, La Jolla, CA 92037 - Tel. 877-377-5100 - Fax 877-377-5105 - Visit us online at: www.northstarfundingcorp.com