## Paul Fisher Insurance Services, LLC

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## CREDIT APPLICATION Fax to: 724-519-7484

Lessee Company Informa	ation				
Full Legal Business Name					
usiness Phone Number Business Fax Number					
Address (cannot be a P.O. Bo	x)	City		State	Zip Code
Signer		Title	Y	ears In Business	Federal Tax ID
Type of Business:	Non-Profit	Sole Proprietorship	Part	nership Corporat	ion
Personal Information on	Owners / Officers /	Guarantors			
Name	Title	SS#	ŧ	DOB	Ownership %
Home Address		City		State	Zip Code
Name	Title	SS#	ŧ	DOB	Ownership %
Home Address		City		State	Zip Code
<b>Company Bank Information</b> **Please provide bank statements - 1st page only for the last 3 months					
Name of Bank	Checking Account 1	Number F	hone Number	How Long?	Contact Officer
Name of Bank	Checking Account Number Phone Numb			How Long?	Contact Officer
Insurance Company Info	rmation				
Insurance Company Name	Policy #			Beginning Date	Expiration Date
Lease / Loan References					
Creditor	Original Amount	Account N	umber	Phone Number	Contact Officer
Creditor	Original Amount	Account N	umber	Phone Number	Contact Officer
Landord Information	Rent	Lease	Own		
Landlord or Mortgagee	Address				Phone Number
Equipment Description					
Туре	Model			Year	New / Used

## Declaration

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is to be true, correct and complete. First Star Capital is hereby authorized to investigate (directly or trough an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeeking information as to the background, credit and financial resposibility of our officers and principals (or any of them). We also warrant that we have never filed bankruptcy. *This credit application is in association with First Star Capital. For questions or more information, please visit www.FirstStarCapital.com or call (800) 604-4817.*