



1040 First Avenue, Suite 420  
 King of Prussia, PA 19406  
 t. (800) 820-4047 f. (800) 994-4942

Please fax your completed customer financing application to **800-994-4942**.

### Finance Information

|  |   |                           |   |
|--|---|---------------------------|---|
| Equipment Description (include year, make and model if applicable) |   |                           |   |
| Amount Financed<br>\$  | Preferred Financing Term (check one)<br>24 36 48 60 other _____ |                           | Preferred Structure / Termination (check one)<br>\$1 Purchase Option 10% Purchase Option Fair Market Value Lease Loan |
| Sales Representative (if available)                                |   | Phone/Cell (if available) | Branch  |

### Contact Information

|           |            |                              |
|-----------|------------|------------------------------|
| Your Name | Phone/Cell | Email Address (if available) |
|-----------|------------|------------------------------|

### Company Information

|   |                 |                                       |  |
|---|-----------------|---------------------------------------|--|
| Legal Name  | Corporate Phone | Fax                                   |  |
| Company Address   | City            | State                                 | Zip  |
| Billing Address (if different)  | City            | State                                 | Zip  |
| Equipment Address (if different)  | City            | State                                 | Zip  |
| Years In Business   | Federal Tax ID  | Duns No (if available)                |  |
| Legal Structure (check one)<br>C- Corp. S-Corp. LLC Partnership Sole Proprietor |                 | Publicly Traded (check one)<br>Yes No | Exempt Sales/Use Tax (check one)<br>Yes No |

### Business Bank Reference

|                               |                          |                    |
|-------------------------------|--------------------------|--------------------|
| Bank or Financial Institution | City and State of Branch | Account Number     |
| Contact Name (your banker)    | Telephone                | Fax (if available) |

### Required Information on Officers, Members, Partners, Owners or Guarantors

|              |       |                        |             |
|--------------|-------|------------------------|-------------|
| Name         | Title | Social Security Number | Ownership % |
| Home Address | City  | State                  | Zip         |
| Name         | Title | Social Security Number | Ownership % |
| Home Address | City  | State                  | Zip         |

The person signing below hereby represents and warrants that he or she is a principal or guarantor of the credit applicant, or is duly authorized by the principal(s) and/or guarantor(s) identified above to submit this application on behalf of the credit applicant and provide the authorizations and instructions set forth herein. The person signing below hereby authorizes and instructs Star Capital Group L.P., its subsidiaries, successors and assigns, and up to three (3) of its participating funders, to obtain business and/or personal credit information regarding the principal(s) and/or guarantor(s) identified above from any source, including credit bureaus, credit reporting agencies and credit applicant's bank, for the purpose of: (1) deciding whether to issue a proposal to extend credit to credit applicant; and/or (2) facilitating that decision and the issuance of any resulting proposal to extend credit to credit applicant. The undersigned also acknowledges that Sunbelt Rentals is providing this application only as a service to their customers and that the financing will be facilitated by Star Capital Group and provided by its affiliated lenders. Star Capital Group is not affiliated with Sunbelt Rentals and is not acting as an agent of Sunbelt Rentals in providing financing or leasing equipment to customers of Sunbelt Rentals.

The undersigned hereby represents that all information contained in this application is true, correct and complete. Credit applicant agrees that a digital record of this application shall be valid as the original. Credit applicant hereby authorizes us to execute and file any UCC financing statements in its name upon approval of the application.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Credit applicant has a right to a statement of the specific reasons if an adverse action has been taken. To request this information, contact us within sixty (60) days from the day you are notified of such decision. We will send you a statement of the reasons for the denial within thirty (30) days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.