



Truck Leasing and Rentals
Fleet Maintenance
Safety and Compliance Consulting
Used Truck Sales



3940 Eastern Ave. SE, Grand Rapids, Michigan 49508-2497 Phone (616) 243-7033

www.startruckrentals.com

CREDIT APPLICATION

IMPORTANT: This Credit Application should be signed by a corporate officer, owner or partner. Failure to sign or supply information will delay processing and may result in denial of credit. Return via fax (616) 243-7498 or email to credit@starlease.com

BILLING INFORMATION

PLEASE ALLOW 2 WEEKS FOR PROCESSING

*Customer Name (company) _____ *Date _____

*Location Address _____

Billing Address (if different) _____

*Phone _____ *Fax _____ Yes. We would like to receive invoices by email to:

Emails (up to 4): _____

*Tax Exempt? Yes No If yes signed exemption certificate required *Are Purchase Orders Required Yes No

*DOT No. or leased onto _____ (may be required by law) for more information go to http://www.fmcsa.dot.gov

COMPANY INFORMATION

Have you done business previously under another name? If Yes, name(s) _____

Trade Names (dba) _____ *No. of Locations _____

*Principal Business Activity _____ *Fed Tax ID No. _____ *Website _____

*Estimated Annual Sales _____ *No. of Employees (Total/seasonal) ____ / ____ No. at this location _____

*Type of Business (check one): CORP LLC LLP PROPRIETORSHIP Publicly owned/traded

*Date Established _____ State of Incorporation _____ D&B (DUNS) No. _____

Parent Company (if subsidiary) _____

Address of Parent _____

Date current ownership control commenced, if other than date established above _____

If Proprietorship/Partnership, list Owner(s) or Partner(s) Names/Home Addresses (Name/Addresses)

TERMS

PAYMENT. Fuel billings are due upon receipt. All other invoices are due at net seven (7) days. Finance charges of 1.7% per month (20.4% per annum) are assessed against any past due invoice(s). Any charge invoiced to Customer shall be presumed fair and accurate unless a written objection is made to Star within 10 days of invoice date. Credit card payments are not accepted for invoices billed on account. Discounts are based on payment of invoices within terms by check or ACH. Discounts, if any, may be eliminated if invoices are not paid within terms or credit card payment is required. Customer agrees to pay a fee of no less than two times Star's actual bank fee for any returned checks and/or ACH transfers. Star is authorized to process checks presented from Customer via the Automated Clearing House (ACH). ENFORCEMENT. Failure to insist upon the performance of any one or more of these terms will not waive any right to future enforcement. JURISDICTION. This Application and any agreements with Star Truck Rentals, Inc. will be construed and enforced in accordance with the laws of the State of Michigan. With respect to any dispute relating to this Application or otherwise involving Star Truck Rentals, Inc. the parties expressly agree to submit to the exclusive jurisdiction of the state and federal courts in Michigan and hereby waive any objections they may now or later have to the jurisdiction of such courts. Customer agrees to pay any attorneys' fees, court costs, or other collection expenses arising in connection therewith. CHANGE OF OWNERSHIP. Customer agrees that if there a material change of ownership or structure it shall notify Star within five (5) business days and provide a new Credit Application.

*fields required for processing



Locations in Battle Creek, Cadillac, Comstock Park, Flint, Gaylord, Holland, Jackson, Kalamazoo, Kentwood, Lansing, Muskegon, Plymouth, Saginaw, Traverse City, Warren, Michigan also in Goshen and South Bend, Indiana

Revised 8/1/2022





AUTHORIZATION: By signing below, I hereby represent that I am authorized to execute this Application on behalf of the Customer. SIGNATURES: Electronic signatures and electronically transmitted documents are binding. VERIFICATION: The information is provided for the purpose of obtaining credit and is warranted to be true.

TRADE RELEASE AUTHORIZATION. Star Truck Rentals, Inc. is hereby authorized to contact our trade and bank references in order to investigate credit and financial worthiness. Further, Customer authorizes the references to release all of the Information Requested below to Star in connection with the credit investigation. Customer authorizes Star to provide a copy of this Application to any entity or individual identified as a reference **below** for the purpose of authorization -or- on the **attached** sheet provided by Customer.

*Signed _____ *Title _____ *Date _____
*Printed Name _____ *Phone _____ *Email _____

TRADE & BANK REFERENCES: PLEASE PROVIDE A MINIMUM OF 3 SUPPLIERS, VENDORS, OR OTHER BUSINESSES THAT YOU HAVE

PAYMENT TERMS FOR OPEN, UNSECURED CREDIT BELOW		TRADE REFERENCES ATTACHED	
		YES	NO

*Company Name	*Contact Name	*Phone	*Fax or Email - required
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Bank Name	*Location	*Phone	*Acct Type
_____	_____	_____	_____
_____	_____	_____	_____

*Contact	*Acct No. (last four only)	*Fax	*Email
_____	_____	_____	_____
_____	_____	_____	_____

***fields required for processing**

INFORMATION REQUESTED FROM THE REFERENCES LISTED ABOVE

The above company has applied for credit with us and has authorized you to release the following information. Please provide us with your information by answering the questions below. Your reply will be kept confidential. Thank you

***URGENT REPLY REQUESTED * ACCOUNT PENDING**

If the above name does not match your records, what is the name? _____

Nature of Business/Products Supplied: _____ Is the account secured? ___Yes ___No

Sold Since: _____ Date of Last Sale: _____ Payment Terms: _____

High Credit: \$ _____ Credit Limit: \$ _____ Average Balance: \$ _____

Current Balance Due: \$ _____ Amount in Dispute: \$ _____ Average Days Paid Last 12 mos: _____

Past Due Balances: 1- 30 days \$ _____ 30-60 days \$ _____ 60-90 days \$ _____ 90+days \$ _____

Payment Practices: Discounts Prompt Slow to (Days) _____ Steady Improving Slowing

Credit Refused/COD NSF/Stop Payment Checks Makes Unjust Claims

OTHER INFORMATION/COMMENTS: _____

PROVIDED BY (Company Name): _____

SIGNED _____ TITLE _____ DATE: _____



SERVICE INFORMATION

Type of Business you wish to do with Star (check all that apply) see below Rental Inquiry Form and Blanket Waiver of Estimate

LEASE/RENTAL FUEL PARTS MAINTENANCE, how many vehicles do you own? _____
SAFETY BREAKDOWNS OTHER (please be specific) _____

What location(s) are you interested in using? Credit is good at all locations

B. Creek Cadillac C. Park Flint Gaylord GR/Eastern Holland Jackson Kalamazoo
Kentwood Lansing Muskegon Plymouth Saginaw T. City Warren Goshen, IN S. Bend, IN

Rental Contact _____ Phone _____ Email _____

Have you rented before or used any of Star's services? Yes No If yes, which service (rental/maintenance, etc.) and what branch? _____

Do you currently rent or lease elsewhere? Yes No If yes, where: _____

What will you be hauling in the unit? _____

Type and Class of Equipment Needed? _____

Estimated Weekly Miles per Unit? _____

How long do you need the Rental for? _____

When do you want to pick up? _____ Star branch _____

Are you Hauling for Hire? Yes No Hazardous? Yes No If yes, please describe _____

Do you stay local? Yes No If no, how often will the unit(s) return to Michigan or Indiana? _____

Are you providing insurance? Yes No If yes, please list your agent and their email/fax below:
Agent _____ Phone _____ Fax _____ Email _____

Blanket Waiver of Estimate – please complete for maintenance and repairs

I, _____, voluntarily request Star Truck Rentals, Inc. to provide services and parts in the repair of our owned motor vehicles without receiving an estimate of repair costs. By signing this form, I understand that we give up our right to:

- 1. Receive a written estimate of the cost for repairs;
- 2. Approve in advance any repairs or costs with a total cost under \$_____; and
- 3. Refuse to pay for repairs with a total cost less than the amount stated above.

The facility may exceed the amount stated above only after we give our written or oral approval.

Authorized Representative Signature Date: _____ Time: _____

Blanket Waiver of Estimate expires three (3) years from the date of signature. Due to the Michigan Motor Vehicle Service and Repair Act, be warned that without a blanket waiver of at least \$500, Star may be forced to decline on-the-road breakdown service.

Please return the completed form via fax to (616) 243-7498 Attn: Credit Dept. or email to credit@starlease.com