

STERLING
CAPITAL LEASING, LLC



Your Best Solution for Equipment Leasing and Financing

2737 Hiwan Drive
Evergreen, CO 80439
Ph: (631) 414-7570
Fax: (631) 414-7571
www.sterlingcap.net

STERLING CAPITAL LEASING, LLC

Sterling Capital Leasing has been leasing equipment throughout the United States for the past 25 years. Through the years of the experience in the industry, we have the knowledge and resources to approve many deals that may otherwise be declined by other leasing companies. This includes poor credit and start-up companies.



We are able to approve between \$5,000 and \$250,000 with just a completed credit application and we'll provide an answer within 24 hours. Equipment valued above \$250,000 will require additional financial information. You will find our rates to be among the most competitive in the industry. (Upon request, vendor references within the industry will be provided.)



Sterling Capital Leasing has special programs for medical and veterinarian practices. Sterling Capital Leasing can approve \$500,000 or more with just a completed credit application. Start-up physicians can obtain up to \$150,000 application only. Working capital for medical practices is also available.



TO CONTACT US:

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WHAT WE OFFER

- Simple Application Process
- Application only up to \$250,000
- Most types of equipment can be leased
- Credit decisions can be expected within 24 hours
- Leasing covers up to 100% of the equipment cost
- Terms up to 60 months
- Fixed monthly payments. Lease payments produce known cash expenditures that remove uncertainty from your future cash flow
- Both new and used equipment can be leased
- Minimal cash outlay is required to begin a lease
- Deferred payments
- There is no cost to apply for a lease with Sterling Capital Leasing



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ADVANTAGES TO LEASING

Preserves Working Capital:

Cash isn't tied up in equipment purchases. Lease payments are a fraction of the total purchase price, pre-tax expense.

Easy and Convenient:

A simple one page application can get an approval for an equipment purchase up to \$250,000. Simple documentation written in "plain English" format to get delivery of your equipment.

Tax Advantages:

Lease payments can normally be deducted as an operating cost and are paid with current untaxed income instead of previously taxed profits.

Improved Cash Flow:

Leasing allows the asset to be paid for as it generates revenue.

Flexibility:

Lease terms and payment schedules can be tailored to meet the needs of the lessee and can be written for up to 60 months.

Extends Credit Lines:

Leasing allows current credit lines to stay available for other uses.



To Contact Us:

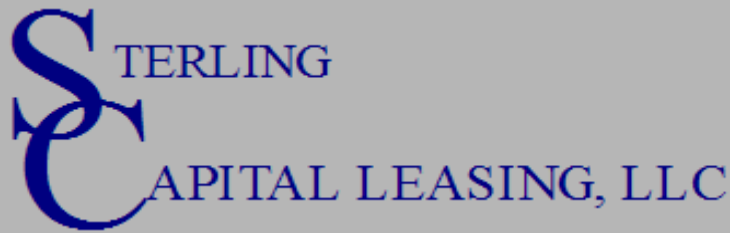
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CREDIT APPLICATION

LESSEE

LEGAL BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

PHONE: _____ CONTACT: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PROP. PTSHP CORP. LLC/LLP FEDERAL TAX ID # _____

OWNER INFORMATION

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ E-MAIL: _____

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ E-MAIL: _____

VENDOR INFORMATION

VENDOR: _____ CONTACT: _____ PHONE: _____

EQUIPMENT: _____

COST \$ _____ TERM: 36 MONTHS 48 MONTHS 60 MONTHS

BANK

BANK: _____ CONTACT: _____

ACCOUNT # - BUSINESS CHECKING: _____ PHONE: _____

OTHER BANKING REFERENCE: _____

The undersigned individual recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and us a consumer credit report and financial institution references on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence on this continuing consent.

Authorized Signature: _____ Printed Name: _____

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