A Private Label Program of Marlin
www.marlinleasing.com

EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE
App #_____
Sales Rep WALTER OWENS

Marlin Leasing Corp.
300 Fellowship Rd. • Mt. Laurel, NJ 08054
phone: 888.479.9111 • *fax:* 888.479.1100

or

Marlin Business Bank
2795 E. Cottonwood Pkwy., Ste 120 • Salt Lake City, UT 84121
phone: 801.453.1722

Processing Office
1500 JFK Blvd., Ste 330
Philadelphia, PA 19102

The business equipment you are acquiring can be leased (subject to acceptance by one of the lessors identified above) under the following terms:

TOTAL EQUIPMENT COST: $_____ Term:_____mos. Rate Factor Used: _____

Monthly Payment (plus applicable taxes): $_____ Purchase Option: _____

Advance Rentals: $_____ Security Deposit: $_____ Other: _____

EQUIPMENT BEING LEASED (Include quantity, make, model, serial number and accessories.) ☐ CHECK HERE IF EQUIPMENT IS USED.

_____

_____

Equipment Location *(If different than below.)*: _____
Street City State Zip

LESSEE INFORMATION

MAY WE CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED? ☐ YES ☐ NO

Full Legal Business Name: _____
Contact Person

Address: _____
Street City County State Zip

E-Mail:_____ Internet Address: _____

Phone: _____ Fax:_____ Federal Tax ID #: _____ Years in Business: _____

Nature of Business:_____ Years of Ownership: _____

State of Incorporation/Organization:_____ Business Type: ☐ Corp. ☐ Limited Liability Corp. ☐ Partnership ☐ Proprietorship

OWNERS, PARTNERS OR GUARANTORS

1) Name: _____ Title:_____ SS#:_____

Home Address: _____ Home Phone:_____

2) Name: _____ Title:_____ SS#:_____

Home Address: _____ Home Phone:_____

BANK INFORMATION

Name of Bank: _____ Bank Officer: _____

Phone:_____ Deposit/Check Acct. #: _____ Loan Acct. #: _____

Name of Bank: _____ Bank Officer: _____

Phone:_____ Deposit/Check Acct. #: _____ Loan Acct. #: _____

TRADE REFERENCE

Name of Supplier:_____ Contact: _____

Address: _____ Phone: _____

VENDOR INFORMATION

DEALER GROUP CODE: _____

Name: _____
Contact Person

Address: _____
Street City County State Zip

Phone: _____ Fax: _____ E-Mail: _____

The person(s) supplying the above information certifies to both potential lessors identified above that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time to time in the credit evaluation and collection processes, as well as to offer future credit products or services.

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