



# EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE

App # \_\_\_\_\_  
Sales Rep \_\_\_\_\_  
Vendor Code \_\_\_\_\_

Marlin Leasing Corp. ■ 124 Gaither Drive, Suite 170 ■ Mount Laurel, NJ 08054 ■ phone: 888.479.9111 ■ fax: 888.479.1100

*The business equipment you are acquiring can be leased (subject to acceptance by Marlin Leasing) 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** (including quantity, make and model)  CHECK HERE IF EQUIPMENT IS USED.

\_\_\_\_\_

Equipment Location (If different then 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**

Name: \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City County State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*The person(s) supplying the above information certifies to Marlin Leasing Corp. 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 Marlin Leasing Corp. 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.*