



# EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE

App #: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_

A Program of Marlin

Marlin – Corporate Office  
300 Fellowship Road • Mt. Laurel, NJ 08054  
phone: 888.479.9111 • fax: 877.305.6756

or  
Marlin Business Bank  
P.O. Box 1626  
Mt. Laurel, NJ 08054

marlincapitalsolutions.com

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 County State Zip

## LESSEE INFORMATION

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

Full Legal Business Name: \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City County State Zip  
E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
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: \_\_\_\_\_  
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.