

FINANCE CREDIT APPLICATION

A PROGRAM OF: Marlin Leasing Corporation dba PEAC Solutions
300 Fellowship Road, Mt. Laurel, NJ 08054

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PEACsolutions.com

Internal Use App #: _____
Sales Rep: _____

The business equipment you are acquiring can be financed under the following terms:

DEALER INFORMATION

Name: _____ Contact: _____
Address: _____ / _____ / _____ Phone: _____
Street City State Zip
Email: _____ Web Address: _____

PAYMENT PLAN

Total Cost: \$ _____ Finance Term: _____ mos. Rate Factor Used: _____ Purchase Option: \$1.00 Buyout
Monthly Payment (plus applicable taxes): \$ _____ Advance Rentals: \$ _____ Security Deposit: \$ _____
Other: _____

	24 Mos.	36 Mos.	48 Mos.	60 Mos.		24 Mos.	36 Mos.	48 Mos.	60 Mos.
\$1,000 - \$5,000					\$25,001 - \$50,000				
\$5,001 - \$25,000					\$50,001 - \$100,000				

Rates subject to change without notice. Rates for ITWFEG equipment only. Contact your PEAC Account Executive for rates on other equipment. Minimum of 2 years in business.

EQUIPMENT BEING FINANCED

(include quantity, make, model, serial number and accessories)

Check Here if Equipment is Used:

Equipment Location (if different): _____

LESSEE INFORMATION

May we contact customer if additional information is needed? YES NO

Full Legal Business Name: _____ Contact: _____
Address: _____ / _____ / _____
Street City State Zip
Phone: _____ Fax: _____ Email: _____
Web Address: _____ Nature of Business: _____
Federal Tax ID #: _____ State of Incorporation/Organization: _____
Type of Business: Proprietorship Partnership Corporation Limited Liability Corp.
Number of Employees: _____ Years in Business: _____ Years of Ownership: _____

OWNERS, PARTNERS, OR GUARANTORS

Name: _____ Title: _____ SS#: _____
Home Address: _____ / _____ / _____ Phone: _____
Street City State Zip
Name: _____ Title: _____ SS#: _____
Home Address: _____ / _____ / _____ Phone: _____
Street City State Zip

BANK INFORMATION

Name of Bank: _____ Bank Officer: _____
Phone: _____ Deposit/Check Acct #: _____ Loan Acct #: _____
Name of Bank: _____ Bank Officer: _____
Phone: _____ Deposit/Check Acct #: _____ Loan Acct #: _____

The person(s) supplying the above information certifies to both potential finance companies 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 credit applicant and, thus, authorize the financial company(ies) 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.

APPLY ONLINE:



X _____ X _____ Date: _____