



EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE

App # _____
Sales Rep. ARA _____

www.marlinleasing.com

Northeastern Division • 300 Fellowship Road • Mount Laurel, NJ 08054 • phone: 888.479.9111 • fax: 888.479.1100
Lease Acceptance Office • 520 Walnut Street, Suite 1150 • Philadelphia, PA 19106 • phone: 800.479.9111 • fax: 800.303.9545

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 (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: Mercer Alarm Systems Paul Midura, President
Contact Person
Address: 134 Partridge Ave Hamilton NJ 08610
Street City County State Zip
Phone: 609-890-1717 Fax: 609-890-0885 E-Mail: _____

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