



FINANCE CREDIT APPLICATION

INTERNAL USE

App #: _____

Sales Rep: _____

www.marlinfinance.com

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

The business software/equipment you are acquiring can be financed (subject to acceptance by one of the finance companies identified above) under the following terms:

TOTAL COST: \$ _____ **Term:** _____ mos. **Rate Factor Used:** _____

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

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

SOFTWARE / EQUIPMENT BEING FINANCED (include quantity, make, model, serial number and accessories)

CHECK HERE IF EQUIPMENT IS USED:

Software/Equipment Location (if different) _____
Street City County State Zip

CUSTOMER INFORMATION

MAY WE CONTACT CUSTOMER 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 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.