



FINANCE CREDIT APPLICATION

INTERNAL USE
App #: _____
Sales Rep: Mike Sica

www.marlincorp.com

Marlin – Corporate Office
300 Fellowship Road • Mt. Laurel, NJ 08054
phone: 888.479.9111 • fax: 888.479.1100

or Marlin Business Bank
2795 E. Cottonwood Pkwy, Ste 120 • Salt Lake City, UT 84121
phone: 801.453.1722

Processing Office
1500 JFK Blvd., Ste 330
Philadelphia, PA 19102

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.