



marlin  
capital solutions™

# FINANCE CREDIT APPLICATION

Marlin – Corporate Office  
300 Fellowship Road, Mt. Laurel, NJ 08054

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

p: 856.505.4168  
e: lbarkow@marlin Capitalsolutions.com

Internal Use App #: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_

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

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

Check Here if Equipment is Used:

\_\_\_\_\_

\_\_\_\_\_

Equipment/Software Location (if different): \_\_\_\_\_

## CUSTOMER 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

## VENDOR INFORMATION

Dealer Group Code: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

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.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_