



# EQUIPMENT LEASE CREDIT APPLICATION

| INTERNAL USE |              |
|--------------|--------------|
| App #        |              |
| Sales Rep    | Rachel Hosey |

www.marlinleasing.com

Northeastern Division • 124 Gaither Drive, Suite 170 • 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: GENERAL FORKLIFT CO., INC. FRANK FARKAS  
Contact Person  
 Address: 2589 RICHMOND TERRACE STATEN ISLAND RICHMOND NY 10303-2322  
Street City County State Zip  
 Phone: 718-816-5000 Fax: 718-727-5551 E-Mail: genfork@aol.com or frank@genfork.com

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.