



EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE
 App #: _____
 Sales Rep: CHRIS BARRARO

www.marlinleasing.com

Marlin Leasing Corporation or
 300 Fellowship Road • Mt. Laurel, NJ 08054
 phone: 888.479.9111 • fax: 866.627.5462

Marlin Business Bank
 2795 E. Cottonwood Pkwy, Ste 120 • Salt Lake City, UT 84121
 phone: 801.453.1722 • fax: 866.627.5462

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

The business equipment you are acquiring can be leased (subject to acceptance by one of the lessors identified above) 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) (a general description is fine)

CHECK HERE IF EQUIPMENT IS USED: NA

Equipment Location (if different than below.) _____
 Street City County State Zip

✓ **LESSEE INFORMATION**

MAY WE CONTACT LESSEE 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 - Of The Above Business:**

1) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: _____
 2) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: _____

MARLIN CONTACT INFORMATION:

• Fax or Email to **QUESTIONS? CALL CHRIS BARRARO 856-505-4366**
OR EMAIL CBARRARO@MARLINFINANCE.COM FAX 866-627-5462

VENDOR INFORMATION - Who You Are Purchasing The Equipment From:

DEALER GROUP CODE:

Name: HARTMAN TRAINING CENTER Contact: JAMMY HARTMAN
 Address: 425 THOMSON ROAD WASHINGTON GA 30673
 Street City County State Zip
 Phone: 724-388-1356 Fax: 706-678-3877 E-Mail: THARTMAN@PTD.NET

The person(s) supplying the above information certifies to both potential lessors 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 lease applicant and, thus, authorize the lessor(s) 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.