

Commercial Equipment Financing Application

MARLIN FINANCIAL & LEASING CORP.

(800) 865-0115

(678) 203-6044

Alicimecronac Sidivade								
COMPANY INFORMATION:					lo			
Exact Legal Name of Business					Date of Application			
Street Address					Date Business Started/Incorporated			
Aailing Address					Type of Business			
City State Zin Code								
Contact Name / Title / Telephone Number	Fed Tax ID (FEIN)			Telephone Number				
Gross Revenue for Prior Fiscal Year		Website address			Fax Number			
Business Structure:				[/] Yes				
) C-Corp () LLC () LLP ()			Principals willi guaranty?	ng to	✓ Yes No		
OWNERSHIP INFORMATION:		-			1			
ame of Principals		Title	·		Social Security Number			
annual Income	Estimated Net Worth		Home Address, City, State & Zip					
me of Principals		Title	% Ownership		Social Security Number			
nnual Income	Estimated Net Worth	ı	Home Address, City, State & Zip	Code	1			
BANK REFERENCE:								
Bank		Branch & Loan Officer			Telephone Number			
Current Checking Account Balance		Checking Account	Checking Account Number			Fax Number		
NSURANCE INFORMATION:								
nsurance Agent		Address	Address			Telephone Number		
		•				•		
EQUIPMENT AND SUPPLIER / VEN	DOR INFORMA	TION (attach		:				
/endor		Person to Contact			Telephone No.			
ddress City, State & Zip Code		Equipment Cost		Requested Term				
quipment Description			1		<u> </u>			
ocation of Equipment, if different than business address listed above (Street)			City, State & Zip Code		County of Location			
Expected Delivery Date			Quote		Type of Lease			
(we) certify that the information provided additional information and to provide see essor/broker/lender may obtain a credit reprovide such information requested by less	curity for the reque port or and any oth	ested financing	. In conjunction with thi	s transaction,	I (we) hereb	y agree and o	consent that	

PRINTED NAME AND TITLE

DATE:

DATE:

PRINTED NAME AND TITLE