



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: 888.479.9111 f: 888.479.1100
marlincapitalsolutions.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: _____

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

Check Here if Equipment is Used: ☐

Software/Equipment 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: _____ / _____ / _____
Street City State Zip

Name: _____ Title: _____ SS#: _____

Home Address: _____ / _____ / _____
Street City State Zip

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: _____ / _____ / _____
Street City State Zip

Phone: _____

VENDOR INFORMATION

Dealer Group Code: _____

Name: _____ Phone: _____

Address: _____ / _____ / _____
Street City State Zip

Phone: _____

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: _____