Commercial Equipment Financing Application
MARLIN FINANCIAL & LEASING CORP.
(800) 865-0115

Ortweinsign

COMPANY INFORMATION:

Exact Legal Name of Business	Date of Application
Street Address	Date Business Started/Incorporated
Mailing Address	Type of Business

City	State	Zip Code	

Contact Name / Title / Telephone Number	Fed Tax ID (FEIN)	Telephone Number
Gross Revenue for Prior Fiscal Year	Website address	Fax Number

Business Structure:
        Proprietorship ( )   Partnership ( )   S-Corp ( )   C-Corp ( )   LLC ( )   LLP ( )

Principals willing to guaranty?   [✓] Yes   [ ] No

OWNERSHIP INFORMATION:

Name of Principals	Title	% Ownership	Social Security Number
Annual Income	Estimated Net Worth	Home Address, City, State & Zip Code	
Name of Principals	Title	% Ownership	Social Security Number
Annual Income	Estimated Net Worth	Home Address, City, State & Zip Code	

BANK REFERENCE:

Bank	Branch & Loan Officer	Telephone Number
Current Checking Account Balance	Checking Account Number	Fax Number

INSURANCE INFORMATION:

Insurance Agent	Address	Telephone Number

EQUIPMENT AND SUPPLIER / VENDOR INFORMATION (attach invoices/quotations):

Vendor	Person to Contact	Telephone No.
Address City, State & Zip Code	Equipment Cost	Requested Term

Equipment Description

Location of Equipment, if different than business address listed above (Street)	City, State & Zip Code	County of Location
Expected Delivery Date	Quote	Type of Lease

I (we) certify that the information provided above is correct to the best of my (our) knowledge. I (we) understand that I (we) may be required to supply additional information and to provide security for the requested financing. In conjunction with this transaction, I (we) hereby agree and consent that lessor/broker/lender may obtain a credit report or and any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by lessor/broker/lender.

X	DATE:	X	DATE:
PRINTED NAME AND TITLE		PRINTED NAME AND TITLE	