

processes, as well as to offer future credit products or services.

2001N-R1009

FINANCE CREDIT APPLICATION

INTERNAL USE
App #:____
Sales Rep:

www.marlinfinance.com

Marlin - Corporate Office

300 Fellowship Road • Mt. Laurel, NJ 08054 phone: 888.479.9111 • fax: 877.305.6756

or

Marlin Business Bank P.O. Box 1626 Mt. Laurel, NJ 08054

OWNERS, PARTNERS OR GUARANTORS (1) Name: Title: SS#: Home Phone: Bank Officer: Loan Acct. #: Loan Acct. #: Name of Bank: Deposit/Check Acct #: Loan Acct. #: Loan Acct. #: TRADE REFERENCE Loan Acct. #: TRADE REFERENCE Name of Supplier: Contact: Address: Phone: Phone: VENDOR INFORMATION Phone: VENDOR INFORMATION DEALER GROUP CODE:	The business software/equipment you are acqu	iring can be financed (subject to ac	ceptance by or	ne of the finance companies ider	ntified above) unde	er the following terms:	
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Phone: Fax: Federal Tax ID #: Years in Business: Nature of Business: State of Incorporation/Organization: Business Type: Corp. Limited Liability Corp. Partnership Proprietorship OWNERS, PARTNERS OR GUARANTORS 1) Name: Home Address: Home Phone: 2) Name: Home Phone: SS#: Home Phone: BANK INFORMATION Name of Bank: Phone: Deposit/Check Acct #: Bank Officer: Phone: Deposit/Check Acct #: Loan Acct. #: TRADE REFERENCE Name of Supplier: Address: Phone: Contact: Address: Name: Address: Referral Tax ID #: Years in Business: Years of Ownership: Proprietorship S#: Limited Liability Corp. Partnership Proprietorship Proprietorship Proprietorship S#: Loan Acdt.#: Loan Acct.#: Loan Acct.#: Phone: Phone: Contact: Address: Phone: Address: Phone: Street Phone: Fax: City County State Zp	Street		City	County	State	Zip	
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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