

Marlin – Corporate Office

Marlin Business Bank

P: (888)236-2409 Ext 4244 F: (888) 479-1100

Internal Use

App #:

300 Fellowship Road, Mt. Laurel, NJ 08054 P.O. Box 1626, Mt. Laurel NJ 08054 marlincapitalsolutions.com

Sales Rep: **Jennifer Faucett**

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: \_\_\_\_\_

**EQUIPMENT/SOFTWARE BEING FINANCED** (include quantity, make, model, serial number and accessories)Check Here if Equipment is Used: ☐

Equipment/Software 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: **707542.2224**Name: **GeneratorJoe Inc** Contac: **Joseph Romano**Address: **4723 Muirfield Court** **Santa Rosa,** **California** **95405** **Phone: (707) 542-2224**  
Street City State ZipEmail: **joe@generatorjoe.net** Web Address: **http://www.generatorjoe.net**

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.

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Date: \_\_\_\_\_ 300

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Contact Jennifer Faucett direct at JFaucett@marlincapitalsolutions.com or print this application and Fax to (888) 479-1100