



EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE
App #: _____
Sales Rep: CHRIS BARRARO

www.marlinleasing.com

Marlin Leasing Corporation or
300 Fellowship Road • Mt. Laurel, NJ 08054
phone: 888.479.9111 • fax: 866.627.5462

Marlin Business Bank
2795 E. Cottonwood Pkwy, Ste 120 • Salt Lake City, UT 84121
phone: 801.453.1722 • fax: 866.627.5462

• Processing Office
1500 JFK Blvd., Ste 330
Philadelphia, PA 19102

The business equipment you are acquiring can be leased (subject to acceptance by one of the lessors identified above) under the following terms:

TOTAL EQUIPMENT COST: \$ _____ Term: _____ mos. Rate Factor Used: _____

Monthly Payment (plus applicable taxes): \$ _____ Purchase Option: _____

Advance Rentals: \$ _____ Security Deposit: \$ _____ Other: _____

EQUIPMENT BEING LEASED (include quantity, make, model, serial number and accessories) (a general description is fine)

CHECK HERE IF EQUIPMENT IS USED:

Equipment Location (if different than below.) _____
Street City County State Zip

LESSEE INFORMATION

MAY WE CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED? YES NO

Full Legal Business Name: _____ Contact Name: _____

Address: _____
Street City County State Zip

E-Mail: _____ Web Address: _____ No. of Employees: _____

Phone: _____ Fax: _____ Federal Tax ID #: _____ Years in Business: _____

Nature of Business: _____ Years of Ownership: _____

State of Incorporation/Organization: _____ Business Type: Corp. Limited Liability Corp. Partnership Proprietorship

OWNERS, PARTNERS OR GUARANTORS - Of The Above Business:

1) Name: _____ Title: _____ SS#: _____

Home Address: _____ Home Phone: _____

2) Name: _____ Title: _____ SS#: _____

Home Address: _____ Home Phone: _____

MARLIN CONTACT INFORMATION:

QUESTIONS? CALL CHRIS BARRARO 856-505-4366
OR EMAIL CBARRARO@MARLINFINANCE.COM FAX 866-627-5462

VENDOR INFORMATION - Who You Are Purchasing The Equipment From:

DEALER GROUP CODE: _____

Name: Action Rides, Inc. Contact: Steven Poretskin

Address: Address: 501 Prospect Street, Ste.109D Lakewood Ocean County New Jersey 08701

Street City County State Zip

Phone: 732-364-3939 Fax: 732-364-8213 E-Mail: info@actionrides.com

The person(s) supplying the above information certifies to both potential lessors 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 lease applicant and, thus, authorize the lessor(s) 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.

