



MARQUISE LEASING & FUNDNG

800-324-3040 / (FAX) 504-285-9929

APPLICATION; EQUIPMENT FINANCNG/ACCTS RECEIVABLE FINANCING/ BUSINESS LOANS COMPANY INFORMATION

Company's Exact Registered Name including DBA _____ Business Phone No. _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

YRS IN BUSINESS: _____ NATURE OF BUSINESS: _____ FEDERAL TAX ID# _____

EQUIPMENT LOCATION: _____

() SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATON () LLC () OTHER; IF CORPORATION
(If Partnership or LLC all Partners/Members may be required to sign lease)

BANK NAME: _____ PHONE _____ ACCT NO. _____

OFFICERS NAME _____ TYPED OF ACCT: () BUSINESS () PERSONAL

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OFFICERS NAME _____ TYPED OF ACCT: () BUSINESS () PERSONAL

VENDOR INFORMATION: ATTACH COPY OF QUOTE(S) FOR EQUIPMENT (IF APPLICABLE) YOU MAY USE MORE THAN ONE VENDOR FOR EQUIPMENT PURCHASE

TERM REQUESTED: () 12 Months () 24 Months

AMOUNT REQUESTED; \$ _____ () 36 Months () 48 Months () 60 Months

CUSTOMERS EMAIL ADDRESS: _____

NEED THIS COMPLETED: FOR SOLE OWNERSHIP, PARTNERSHIPS, ALL CORPORATIONS

(For Partnership or LLC: all partners must personally guarantee the lease; need the following info. on all partners; you may use separate sheet if you need to)

T
PRINCIPAL'S NAME: _____ SS# _____ HOME PH. NO.() _____

TITLE: _____ % of Ownership _____ DOB: _____ HOME ADDRESS: _____

PRINCIPAL'S NAME: _____ SS# _____ HOME PH. NO.() _____

TITLE: _____ % of Ownership _____ DOB: _____ HOME ADDRESS: _____

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Marquise Equipment Leasing, its designee, its assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, extension of credit to the Applicant or the collection of any resultant accounts. I hereby authorize any bank, financial institution or trade reference listed above to release our credit information to Marquise Equipment Leasing. A Fax or photocopy of this authorization shall be valid as the By signing this document said customer agrees not to go directly to final funding source for additional monies without first contacting Marquise Leasing and Funding LLC. Should said customer contact final funding source and close any additional funding, said customer agrees to pay 5% of closed amount. A Fax or photocopy of this signed document / authorization shall be valid an known as an original.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____