

MARQUISE LEASING AND FUNDING LLC

EQUIPMENT FINANCING/WORKING CAPITAL AND ACCOUNT RECEIVABLE LOANS
PERSONAL LOANS/DEBT CONSOLIDATION 800-324-3040

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Requested Loan Amount
Personal Information

Name First Name MI Last Name Suffix

Social Security No.

DATE OF BIRTH

Contact Information

Email Address

PRIMARY
PHONE

Home

Permanent Address

Street

CELL

CITY

STATE

ZIP

DO YOU RECEIVE AUTO DEPOSIT FOR INCOME: YES _____ NO _____

BANK NAME:

BANK ABA NO.

BANK ACCOUNT NO.

PAGE 1 OF 2 INITIAL HERE _____

MARQUISE LEASING AND FUNDING LLC

MONTHLY MORTGAGE PMT

EMPLOYMENT/FINANCIAL INFORMATION

EMPLOYMENT STATUS: (CK ONE)

EMPLOYED

RETIRED

SELF EMPLOYED

OTHER:

ADDITIONAL INCOME SOURCE:

DO YOU HAVE ADDITIONAL INCOME SOURCE THAT YOU WOULD LIKE TO INCLUDE: CHILD SUPPORT, ALIMONY, OR SEPARATE MAINTENANC INCOME UNLESS YOU WANT TO HAVE IT CONSIDERD AS A BASIS FOR REPAYING THE LOAN.

YES

NO

MONTHLY DEBT OBLIGATION:

DO NOT INCLUDE CREDIT CARD DEBT, AUTO LOANS OR PERSONAL LOANS WITH FINANCIAL INSTITUIONS.

DO YOU HAVE ANY MONTHLY DEBT OBLIGATIONS SUCH AS: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTEBABCE OBLIGATIONS?

YES /

NO

FINANCIAL AFFILIATION:

ARE YOU CURRENTLY A DIRECTOR, SHARE HOLDER, OFFICER OR PRINCIPAL SHARHOLDER OF ANY BANK, THRIFT, OR OTHER DEPOSITORY INSTITUTION? YES _____ NO _____

HOW ARE YOU PAID: CK AREA

WEEKLY _____ BIWEEKLY _____ EVERY OTHER WEEK _____ MONTHLY _____ INCOME:

REASON FOR LOAN: Debt Consolidation _____ Emergency Funds _____ Medical Bills _____ Other: _____

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Marquise Leasing and Funding LLC, 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 loan request. I hereby authorize any bank, financial institution or trade reference listed above to release our credit information to Marquise Leasing and Funding LLC. A email copy 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. There is a \$175.00 Application Non Refundable Fee and a 10% Fee of totally amount funded, once loan request funds and shall be due same day loan funds are received by applicant.

SIGN HERE X _____ Date: _____

MARQUISE LEASING AND FUNDING LLC

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