



# MARQUISE LEASING & FUNDING

P. O Box 7443 / Metairie, LA 70010

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

## APPLICATION; LEASE TO OWN/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# \_\_\_\_\_ D & B # \_\_\_\_\_

### EQUIPMENT

#### LOCATION:

(If other than billing address)

( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION ( ) 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

BANK NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ ACCT NO. \_\_\_\_\_  
OFFICERS NAME \_\_\_\_\_ TYPED OF ACCT: ( ) BUSINESS ( ) PERSONAL

1) TRADE REFERENCE: \_\_\_\_\_ PHONE NO \_\_\_\_\_  
ACCT NO: \_\_\_\_\_

2) TRADE REFERENCE: \_\_\_\_\_ PHONE NO \_\_\_\_\_  
ACCT NO: \_\_\_\_\_

3) TRADE REFERENCE: \_\_\_\_\_ PHONE NO \_\_\_\_\_  
ACCT NO: \_\_\_\_\_

VENDOR INFORMATION: VENDORS NAME: \_\_\_\_\_ TOTAL INV AMT \$ \_\_\_\_\_

TERM OF LEASE REQUESTED: ( ) 13 MONTHS ( ) 24 MONTHS ( ) 36 MONTHS ( ) 48 MONTHS ( ) 60 MONTHS  
PURCHASE OPTION REQUESTED: ( ) \$ 1.00 BUYOUT ( ) FAIR MARKET VALUE

LIST EQUIPMENT: (YOU MAY USE SEPARATE SHEET FOR EQUIPMENT LIST IF NEEDED)

QUANTITY MODEL DESCRIPTION

### 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)

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, 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 original.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

