

GETZ MANUFACTURING EQUIPMENT LEASING NOW AVAILABLE

CONDITIONS

1. CREDIT APPLICATION REQUIRED
2. ONE YEAR FINANCE PERIOD
3. \$1000.00 MINIMUM ORDER

BENEFITS

1. EQUIPMENT AND TRAINING APPLY
2. FLAT FINANCING FEE PAID UPFRONT
3. SHIPPING AND TAXES CAN BE INCLUDED
4. CUSTOMER OWNS EQUIPMENT AT THE END OF LEASE

EXAMPLE OF 10% FLAT FEE LEASING EXCLUDING TAXES/SHIPPING

1.	TOTAL EQUIPMENT FINANCED	\$5000.00
2.	10% LEASING FEE PAID UPFRONT	\$ 500.00
3.	ENDPOINT BUYOUT AMOUNT	\$ 1.00
4.	TOTAL AMOUNT PAID	\$5501.00

THE WAY IT WORKS IS SIMPLE

1. EXCLUDE THE 10% LEASING FEE FROM EQUIPMENT TOTAL
2. ADD UP TOTAL EQUIPMENT AMOUNT NEEDING FINANCED
3. ADD ANY APPLICABLE TAXES AND SHIPPING COSTS
4. DIVIDE TOTAL AMOUNT BY 12 MONTHS TO ARRIVE AT MONTHLY PAYMENT.
5. REMEMBER THE \$1.00 BUYOUT AMOUNT

ASK ABOUT OUR MOBILE SERVICE VEHICLE LEASING PROGRAM



EQUIPMENT LEASE CREDIT APPLICATION

INTERNAL USE	
App #	_____
Sales Rep	_____
Vendor Code	_____

•1525 SW Adams St•Peoria, IL 61602•Phone: 800-553-3503•Fax: 800-473-6088

The business equipment you are acquiring can be leased (subject to acceptance by Marlin Leasing) 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 (including quantity, make and model) CHECK HERE IF EQUIPMENT IS USED.

LESSEE INFORMATION

Full Legal Business Name: _____ Contact Person _____
 Address: _____
Street City County State Zip
 E-Mail: _____ Internet Address: _____
 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

1) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: _____
 2) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: _____

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: _____ Phone: _____

VENDOR INFORMATION

Name: _____ Contact: _____
 Address: _____
Street City County State Zip
 Phone: _____ Fax: _____ E-Mail: _____

The person(s) supplying the above information certifies to Marlin Leasing Corp. 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 Marlin Leasing 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.

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