

### **Kidstuff Playsystems**

#### FAIR MARKET VALUE - ZERO DOWN

EQUIPMENT COST	SECURITY DEPOSIT	24 MOS.	36 MOS.	48 MOS.	60 MOS.						
\$1,000 - \$5,000	0	.0500	.0366	.0307							
\$5,001 - \$12,000	0	.0474	.0338	.0281	.0244						
\$12,001 - \$25,000	0	.0448	.0324	.0265	.0230						
\$25,001 - \$50,000	0	.0441	.0316	.0256	.0220						
Over \$50,000	P	Please call your Marlin Rep for Rates									

- · Rate effective 10/1/16
- · Application must be received by 12/31/16
- · Credit approval valid 90 days
- · Documentation fee of up to \$250 required
- Please call for quotes over \$50,000
- · Rates for businesses with two years tenure
- Please call for quotes for companies less than 24 months
- 48 & 60 month FMV terms are not applicable for computer and IT equipment. Contact your Marlin representative for quote

#### For more information, please call:

#### Eileen Brennan

Sr. Business Development Manager

P: 856-505-4451 F: 888-479-1100

E: ebrennan@marlinfinance.com



# MARLIN AT A GLANCE

- Publicly Traded: NASDAQ: MRLN
- \$4 Billion in financing extended to small businesses
- Marlin Business Bank® subsidiary
- AssuranceOne, Ltd., Marlin's insurance subsidiary
- Dedicated to providing excellent service to our customers



## **MARLIN**

### **EQUIPMENT LEASE CREDIT APPLICATION**

www.marlinleasing.com

2001 N-R0109

Marlin Leasing Corp. 300 Fellowship Rd. • Mt. Laurel, NJ 08054 phone: 888.479.9111 • fax: 888.479.1100

Marlin Business Bank 2795 E. Cottonwood Pkwy., Ste 120 • Salt Lake City, UT 84121 phone: 801.453.1722 Processing Office 1500 JFK Blvd., Ste 330 Philadelphia, PA 19102

TOTAL EQUIPMENT COST: \$ Monthly Payment (plus applicable taxe					_mos.	Kale Facior Ose	d:	
Advance Rentals: \$								
EQUIPMENT BEING LEASED (Inc								
The state of the s	ode quanny, make, moder,	seriai n	omber and c	ccessories.)		CHECK HERE IF	QUIPMENT IS U.	
Equipment Location (If different than below	r.): Street				City	State	Zip	
LESSEE INFORMATION		Total Control of the last				ORMATION IS NEE		
Full Legal Business Name:								
Address:Street			4			Contact Person	Zip	
E-Mail:					County			
		Federal Tax ID #:						
Nature of Business:						Years of O	wnership:	
itate of Incorporation/Organization:	Business	Туре:	Corp.	Limited	Liability Corp.	Partnership	☐ Proprietors	
OWNERS, PARTNERS OR GUAR	ANTORS							
) Name:			Title:_			SS#:		
Iome Address:		Home Phon			e:			
?) Name:			Title:_			SS#:		
lome Address:			127		Home Phon	e:		
BANK INFORMATION								
Name of Bank:			_ Bank Off	cer:				
						Loan Acct. #:		
lame of Bank:			_ Bank Offi	cer:				
hone:	Deposit/Check Acct. #:		Loan Acct.		#:			
RADE REFERENCE								
lame of Supplier:				C	ontact:			
ddress:					Phone:			
ENDOR INFORMATION				DEAL	R GROUP CO	DE:		
ame:								
ddress:			_			Contact Person		
hone: Fax	:		City -Mail:		County	State	Zip	
person(s) supplying the above informa								