



MARUKA U.S.A. INC.

400 COMMONS WAY, SUITE 11, ROCKAWAY, NJ 07866 · PHONE: (973) 983-1000 · FAX: (973) 983-8647

Lessee

Company Name: _____
 DBA: _____
 Address: _____
 City, State & Zip: _____
 Business Phone #: _____
 Contact Name: _____
 E-Mail: _____
 Business Description: _____
 Time in Business Under Current Ownership: _____
 Type of Business:

S-corp Corporation
 LLC Proprietorship
 Non-profit Partnership

Bank & Lease References

Bank Name: _____
 Account #: _____
 Telephone: _____
 Lease Company: _____ Start Date: _____
 Account #: _____
 Telephone: _____

Trade References

Supplier: _____
 Telephone: _____
 Supplier: _____
 Telephone: _____

Personal Information on Officers, Partners or Owners

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Title: _____
 Social Security #: _____
 % Ownership: _____

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Title: _____
 Social Security #: _____
 % Ownership: _____

By signing below, the undersigned individual, who is either a principal of the credit application or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature: X _____
 Print Name: _____
 Date: _____

Signature: X _____
 Print Name: _____
 Date: _____

Equipment to be Financed (Attach equipment schedule if necessary)

Equipment Location: _____

Quantity	Model	Description	Serial Number(s)	Purchase Price w/o tax

*****PLEASE REMIT APPLICATION WITH LAST THREE YEAR ENDING FINANCIAL REPORTS*****

Applicant hereby authorizes Maruka and its agents: (I) to obtain more credit information about the company and its principals and to make inquiries in connection with this application, (II) to share credit information with affiliates and agents as well as applicants, other creditors, bureaus and persons who have or expect to have financial dealings with the applicant or its principals named above, (III) to share collection information with applicants other creditors. All the information in this application is true complete and correct. The persons signing below on behalf of applicant are authorized to make this application on its behalf and to agree to the foregoing. Approvals expire in 30 days without notice. A photocopy of this authorization shall be valid as the original.

Signature: X _____

Title: _____ Date: _____

Please fax completed signed application to
973-983-8647 ATTN: RUSS BENSON