



Tech Solutions Inc.  
 Developers of  
 Eclipse Service  
 Management Software  
 www.eclipseservice.com

in conjunction with:  
**MARATHON LEASING SERVICE**  
**TEL: 800-700-9211**  
**FAX: 909-628-4392**

**CUSTOMER APPLICATION**

Vendor Name	Equipment Cost	Equipment to be Leased	Vendor Phone Number
Customer Name (full legal name)			Phone No. (include area code)
(dba)			Fax No.
Address	City	State	Zip
Equipment Location Address	City	State	Zip
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/>			
State Incorporated	Organization ID #	Federal Tax ID #	
Years in Business	Type of Business		
For Proprietorship, Partnerships and Corporations, please show names, residence addresses of Principals or Officers			Social Security No.
1			
2			
3			
Bank Reference (exact branch) List all banks used for last 5 years	Account Number	Officer to Contact	Phone No.
1			
2			
Trade Reference or Term Debt	Contact Name	Address	Phone No.
1			
2			
3			

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Marathon Leasing 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 for reviewing or collecting the resulting account. A Photostat 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.

By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Print Name