## **CREDIT** APPLICATION



LESSEE INFORMATION		
Full Business Name:	D/B/A Name	
Address:Street	City	State Zip
Phone:	·	Yrs. in Business:
Contact Name:	Email:	
Nature of Business:		
Proprietorship Corporation	Partnership	Limited Liability Corporation
BUSINESS OWNERS		
Owner Name:	Title:	%Ownership:
Home Address: Street City	State	Zip SSN:
EQUIPMENT INFORMATION		
Equipment Description:		
Equipment Cost:	Term: End of	Lease Option (FMV, \$1 Out):
VENDOR INFORMATION		
Vendor Name:	Vendor Email:	
Vendor Phone:		
CREDIT RELEASE AUTHORIZATION		
By signing below, the undersigned, which is entry obligations, provides written instruction to his or her personal credit bureau and authorizinformation on applicant.	Navitas Credit Corp. or	its assignee, authorizing review of
Signature:	Title:	
First Name:	Date:	

To learn more about our Worry Free Financing programs contact your Financing Specialist,
Abbie Betz at 1.866.956.2848, ext. 102 or email at abetz@navitascredit.com.
We look forward to changing how you view the value of your financing partner one deal at a time.