

# CREDIT APPLICATION



## LESSEE INFORMATION

Full Business Name: \_\_\_\_\_ D/B/A Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_ 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 either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Navitas Credit Corp. or its assignee, authorizing review of his or her personal credit bureau and authorizing applicant's bank and credit references to release credit information on applicant.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_



**NAVITAS**  
CREDIT CORP.

To learn more about our financing programs contact your Financing Specialist, Stuart Jablonski at 877.628.4827, ext. 551 or email [sjablonski@navitascredit.com](mailto:sjablonski@navitascredit.com). We look forward to changing how you view the value of your financing partner one deal at a time.

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