CREDIT APPLICATION

Telephone:



LESSEE INFORMATION	I				
Full Business Name:	D/D/A Nama				
Addraga	D/B/A Name				
Address:Street		City	State	Zip	
Phone:	Yrs. in Business:				
	Email:				
Nature of Business:					
Proprietorship	Corporation	Partnership	Limited Liabili	ty Corporation	
BUSINESS OWNERS					
Owner Name:		Title:	%0wn	%Ownership:	
Home Address:Street	City	Chaha	SSN:		
Street	City	State	Zip		
EQUIPMENT INFORMA	TION				
Equipment Description:					
Equipment Cost:		Term: End of	Lease Option: FMV	\$1 Out):	
VENDOR INFORMATIO	N				
Vendor Name:	Vendor Email:				
Vendor Phone:					
CREDIT RELEASE AUT	HORIZATION				
By signing below, the under its obligations, provides wri his or her personal credit bu information on applicant.	tten instruction to I	Navitas Lease Corp. or	its assignee, authoriz	ing review of	
Signature:					
First Name:		Date:			
For more info contact your Certified Financing Professional:					

Email: