

CREDIT APPLICATION

SKIP THREE PAYMENT PROMOTION

LESSEE INFORMATION

Full Business Name (D/B/A Name): _____
Address: _____
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: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____

Owner Name: _____ Title: _____ %Ownership: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____

EQUIPMENT / SKIP PAYMENT INFORMATION

Equipment Description: _____
Equipment Cost: _____ Term: _____ End of Lease Option (FMV, \$1 Out): _____

Which Three (3) Consecutive Months Would You Like to Skip Payments?

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

VENDOR INFORMATION

Vendor Name: _____ Vendor Phone: _____
Vendor Email: _____

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: _____

Signature: _____ Title: _____
Name: _____ Date: _____

