

## 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 either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Navitas Lease 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: \_\_\_\_\_

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

To learn more about our Worry Free Financing programs contact your Certified Financing Professional, Cheryl Tveras at 1.877.NAVITAS (628.4827), ext. 213 or email at [cheryltveras@navitaslease.com](mailto:cheryltveras@navitaslease.com). We look forward to changing how you view the value of your financing partner one deal at a time.