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CRI	EDIT A	APP	LICA	1 T A	O N		
COMPLETE LEGAL NAME EMAIL ADDRESS							
TYPE OF BUSINESS	FEDERAL ID NUMBER			YEARS IN BUSINESS	☐ CORPORATION☐ LLC		
MAILING/BUSINESS ADDRESS (street, city, state, zip code)		COUNTY PHONE N		NUMBER	FAX NUMBER	CELL PHONE NUMBER	
LOCATION OF WHERE EQUIPMENT IS KEPT (IF DIFFER	RENT THAN ABOVE)				1	<u> </u>	
INSURANCE AGENT					AGENT'S PHONE NUMBE	ER .	
PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURIT		LE & %		ME ADDRESS et, city, state, zip)	HOME PHONE	
1.							
2.							
BANK / MONEY MARKET ACCOUNTS ACCOUNT #		TEL	TELEPHONE		OFFICER TO CONTACT		
BUSINESS							
BUSINESS							
RESIDENTIAL/COMMERCIAL MORTGAGE							
TRADE REFERENCES  1.	ACCOUNT # / TELEPHONE / CONTACT						
2.							
3.							
EQUIPMENT LEASE REFERENCE	I						
EQUIPMENT							
1. SUPPLIER		ADDRESS	DDRESS		CONTACT	TELEPHONE	
TYPE OF EQUIPMENT		NEW / USE	EW / USED		C	OST OF EQUIPMENT	

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

I hereby authorize our banks, trades, and personal credit bureaus to release credit information to Liberty Financial a division of Navitas Credit Corp. and/or its assignees.