Credit Application



ANUVA CAPITAL
Your Strength Is Our Strategy

8682 Beach Blvd Suite 201
Buena Park, CA 90620
Phone: (855) 682-6882
Fax: (844) 878-9326
www.anuvacapital.com

Company Information

Attn:

APPLYING FOR: ☐ LEASE ☐ WORKING CAPITAL $ _____ ☐ BOTH
AMOUNT NEEDED

BUSINESS TYPE: ☐ PARTNERSHIP ☐ SOLE PROP ☐ LLC ☐ CORPORATION

COMPANY NAME *EXACT LEGAL NAME* | TELEPHONE NUMBER | E-mail

ADDRESS | CITY | COUNTY | STATE | ZIP

YEARS IN BUSINESS | ANNUAL SALES LAST CALENDAR YEAR | DATE OF INC.

NATURE OF BUSINESS | FED TAX ID # (IF APPLICABLE) | COMPANY WEBSITE (If available)

(WORKING CAPITAL ONLY)

LANDLORD NAME | LANDLORD PHONE | LEASE/MORTGAGE PAYMENT

Principal Information *(ON OFFICERS, PARTNERS OR GUARANTORS)*

NAME | TITLE | SSN | DATE OF BIRTH

HOME ADDRESS | CITY / STATE / ZIP | HOME PHONE | % OWNERSHIP

NAME | TITLE | SSN | DATE OF BIRTH

HOME ADDRESS | CITY / STATE / ZIP | HOME PHONE | % OWNERSHIP

Vendor Information *EQUIPMENT SELLER (LEASE ONLY)*

COMPANY NAME | ADDRESS | CITY / STATE / ZIP

TELEPHONE NUMBER | FAX NUMBER | SALES CONTACT

EQUIPMENT TYPE *(REQUIRED)* | AMOUNT *(REQUIRED)* | BUDGETED MONTHLY PAYMENTS

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau, as well as obtaining bank and/or other credit information as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the application received.

COMPANY NAME

X

PRINCIPAL *(REQUIRED)* | TITLE | DATE

X

PRINCIPAL *(SECONDARY)* | TITLE | DATE

PLEASE COMPLETE AND FAX IT BACK TO MY ATTENTION AT (844) 878-9326