

SMALL TICKET MUNICIPAL CREDIT APPLICATION (EQUIPMENT UNDER \$50,000)

Legal Name of Obligor:		Fed. Tax ID #:	
Address:			
City:	County:	State:	Zip:
Contact Person:	Title:		
Phone: ()	Fax: ()		
Email Address:	Alt Contact Email Address:		
Alternative Contact Person:	Title:	Phone: ()	
Date municipal entity was established:	Does the obligor self-insure for property & liability insurance?		
Total Cost of Equipment/Project:	Term (years):		
*Down Payment:	Source of Down Payment :		
Trade In:	Payment Amount:	Delivery Date:	
Other:	Payment Due:	Advance	Arrears
Amount to Finance:	Payments:	Monthly	Quarterly Semi-Annual Annual
*Obligor's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any contract proceeds, unless otherwise negotiated.			
Has the obligor paid, or does obligor intend to pay, a vendor for any portion of the equipment being financed with the intent of being reimbursed with proceeds from this financing? Yes No			
What fund will the remaining contract payments be made from? General Special (specify)			
Will any federal monies be applied to the contract payments? Yes No If yes, explain.			
Equipment Description:			
New Equipment:	Yes	No	If no, list age of equipment or date manufactured:
Refurbished:	Yes	No	Year:
Replacement:	Yes	No	Age of current equipment: Year purchased:
If not a replacement, why is the equipment needed?			
Buyout Included:	Yes	No	Amount of buyout included: \$
Soft Costs Included:	Yes	No	Amount of soft costs included (shipping, software, and sales tax): \$
Physical location of equipment after delivery:			
Describe the essential use of the equipment:			
Has the obligor ever defaulted or non-appropriated on a lease, bond, or legal obligation?		Yes	No
Will the obligor issue more than \$10,000,000 in tax-exempt debt in this calendar year?		Yes	No
Is the project a building? Yes No If yes, who owns the land?			
What is the physical address of the new building/project?			
Financial information required (for all funds):			
Fiscal Year End:	Current Year (Actual YTD)		Prior Year (Actual Not Budget)
Total Revenue:	\$		\$
Total Expenditures:	\$		\$
Net Income:	\$		\$
Total Fund Balance:	\$		\$
If the obligor's expenditures exceeded revenues for any one of the last three years, explain why and what measures were taken to correct the shortfall:			

Completed By (signature):

Printed Name and Title:

Date:

Additional financial information may be requested if deemed necessary during credit review.

By signing this application, Obligor representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand Obligor will retain this application whether or not it is approved. Obligor is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process." * Please note that, depending on circumstances, we reserve the right to charge a reasonable fee to Obligor, once the lease has been approved and lease documents have been requested by Obligor, if this transaction is not funded due to Obligor. This fee is for expenses incurred and services performed related to the processing of the transaction. This fee will NOT be charged if the transaction is funded by Obligor.