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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | | | | | |
| Esign Contract Preferred: | | | Yes | | | No | | If yes, please list Names, Titles and Email of signers below (minimum of 2): | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| How will the contract payments be made?  P-Card \*Addt’l Fees Will Apply\*  Check  ACH  Other (specify) | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | |
| * **Two (2) most recently completed audits** * **If the fiscal year end of the audit is more than three (3) months ago, also provide current year-to-date Balance Sheet with Debt Service Commitments and Income Statement** * **For any unaudited fiscal year provide comprehensive financial statements to include a Balance Sheet with Debt Service Commitments and an Income Statement in place of the audits** | | | | | | | | | | | | | | | | |
| Without complete financial information, the credit review process may be delayed. Please call if you have any questions or concerns prior to returning this application. | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |  | |
| 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 Obligee will retain this application whether or not it is approved. Obligee 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/broker, if this transaction is not funded. 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 Obligee.***