

# Business Leasing Municipal Application

Upon completion, fax this form to 574 233-4259



Your partners from the first®

## General Information

Legal Name of Lessee

Address

City, County, State, Zip

Contact Person

Title

( )

( )

Phone Number

Fax Number

E-mail Address

Alternative Contact Person

Title

( )

Phone Number

Municipality Established

Does the lessee self-insure for property and liability insurance? Y N

Current Insurance Company

## Transaction Information

\$

Total Cost of Equipment

Term (Years)

\$

\*Down Payment

Source of Payment/Fund

\$

Trade In

\$

Payment Amount

\$

Amount to Finance

Payment : ( ) Advance ( ) Arrears

Payments:

( ) Monthly ( ) Quarterly ( ) Semi-Annual ( ) Annual

Lease payments will be paid from what fund?

## Equipment Description

New Equipment

Used Equipment

Date of Manufacturer

Replacement

Why and When is equipment needed

Physical Location of Equipment

Describe the essential use of equipment for lease

Vendor

Phone Number

## Financial Information

Have the lease payments been included in the operating budget? Y N

Will there be more than \$10,000,000 in tax exempt debt in the fiscal year? Y N

Has the lessee ever defaulted or non-appropriated on a lease or bond issue? Y N

## Financial Information Required

- Fiscal Year End Financial Statements (Fund) Revenues & Expenditures/Audited Statements
- Interim Financial Statements
- Current Fiscal Years Budget
- Lease Resolution
- Federal ID#

Signature

Printed Name

Title

Date Completed

( )

( )

Phone Number

Fax Number

Please Note: All information must be received to process your application and request for financing. If there are any questions, please call us directly at 574 235-2547 or 1-800-513-2360 extension 2547.

**Application subject to credit approval. Lease requests accepted within 1st Source market area only.**