

Since 1986

SIMPLE FUNDING PROGRAM FOR NONPROFIT TRANSACTIONS UNDER \$500,000

Return completed application with required financial information.

Legal Name of Lessee:	Fed. Tax ID #:							
Address:								
City:		County:		S	tate:	Zip:		
Contact Person:			Title:					
Phone: ()			Fax:	()				
Email Address:								
Alternative Contact Person:			Title:			Phone: ()		
Date lessee was established: Does the lessee self-insure for property & liability insurance?								
Total Cost of Equipment/Proje	ct: \$		Term (years):					
*Down Payment: \$ Source of Down Payment (fund name):								
Trade In: \$			Payment Amour	nt: \$		Delivery Date:		
Other: \$			Payment Due:		Advance	☐ Arrears		
Amount to Finance: \$			Payments:	☐ Monthly	☐ Quarterly	☐ Semi-Annual	☐ Annual	
*Lessee's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any lease proceeds, unless otherwise negotiated.								
Has the lessee paid the vendor for any portion of the equipment being financed? Yes No If yes, explain.								
What fund will the remaining lease payments be made from? General Special (specify)								
Equipment Description:								
New Equipment:	☐Yes	□No	If no, list age of	equipment or d	late manufactured	l:		
Refurbished:	Yes	□ No	Year:	- 1 - 1				
Replacement:	Yes	□No	Age of current e	quipment:		Year purchased:		
If not a replacement, why is th	e equipmen	nt needed?				·		
Buyout Included:	☐ Yes	☐ No	Amount of buyo	ut included: \$				
Soft Costs Included:	☐ Yes	☐ No	Amount of soft of	osts included (shipping, software	e, and sales tax): \$		
Physical location of equipment after delivery:								
Describe the essential use of the equipment:								
Has the lessee ever defaulted	or non-app	ropriated on a	lease, bond, or le	egal obligation?	?	☐ Yes ☐	No	
Is the project a building?	☐ Yes	☐ No	If yes, who owr	ns the land?				
What is the physical address of the new building/project?								
Financial Information Required								
 Two (2) years tax returns WITH schedule of Debt Service Commitments (or audit), and If the fiscal year end of the return (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 fiscal year without a return (audit) provide comprehensive financial statements to include a Balance Sheet with Debt Service Commitments and an Income Statement A copy of the Articles of Incorporation Without complete financial information, the credit review process may be delayed. Please call with any questions or concerns prior to returning this application to 								
Completed By (signature):				Name and Title:		Date:		
 By signing this application 	lessee repr	esentative agr	ees to the followin	g statement: "E	Everything stated i	n this application is (correct to the best of	

- By signing this application lessee representative agrees to the following statement: "Everything stated in this application is correct to the best of
 my knowledge. I understand lessor will retain this application whether or not it is approved. Lessor is authorized to verify any information on this
 application with an appropriate third party as necessary to complete the credit review process."
- A lost deal fee will be charged to the lessee if the transaction fails to fund once the transaction has been credit approved and lease documents delivered to
 the lessee. This fee will not be charged if the transaction is funded by

PHONE / FAX:	MAILING ADDRESS:	FEDEX / COURIER ADDRESS:	CORPORATE ADDRESS:
800-400-5060 PH	P.O. Box 500110	11835 CARMEL MT. RD.	11440 W. BERNARDO CT.
858-451-0400 PH	SAN DIEGO, CA	SUITE # 1304-351	SUITE # 300
858-451-0033 FAX	92150	SAN DIEGO, CA 92128	SAN DIEGO, CA 92127