

Since 1986

SIMPLE FUNDING PROGRAM

Return completed application with required financial information.

Legal Name of Lessee:	Fed. Tax ID #:	
Address:		
City: County:	State: Zip:	
Contact Person:	Title:	
Phone: ()	Fax: ()	
Email Address:		
Alternative Contact Person:	Title: Phone: ()	
Date municipal entity was established:	Does the lessee self-insure for property & liability insurance?	
Total Cost of Equipment/Project: \$	Term (years):	
*Down Payment: \$	Source of Down Payment (fund name):	
Trade In: \$	Payment Amount: \$ 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 d	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 equipme	ent 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 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 lessee ever defaulted or non-appropriated on a lease,	e, bond, or legal obligation?	
Will the lessee issue more than \$30,000,000 in tax-exempt de	ebt in this calendar year?	
Is the project a building? ☐ Yes ☐ No If yes, w	ho owns the land?	
What is the physical address of the new building/project?		
Financia	al 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		
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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 to with the credit review process may be delayed. Please call if you have any questions or concerns prior to returning		
Completed By (signature):	Printed Name and Title: Date:	

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

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