

Since 1986

## **VOLUNTEER FIRE, AUTHORITY, AND DISTRICT CREDIT APPLICATION**Return completed application with required financial information.

GENERAL INFORMATION								
Legal Name of Lessee:			Fed. Tax ID #:					
Address:								
City:		County:		Sta	te:	Zip:		
Contact Person:				Title:				
Phone: ( )				Fax: ( )				
Email Address:								
Alternate Contact Person:				Title:		Phone: ( )		
Date district/department was established:  Does the lessee self-insure for property and liability insurance?								
TRANSACTION INFORMATION								
Total Cost of Equipment/Project:	\$		Term (years):					
*Down Payment: \$			Source of Down	Payment (fund n	ame):			
Trade In: \$			Payment Amoun		,	Delivery Date:		
Other: \$			Payment Due:		Advance	☐ Arrears		
Amount to Finance: \$			Payments:	☐ Monthly	Quarterly	☐ Semi-Annual ☐ Annual		
*Lessee's down payment should be ma	de before or at	delivery. Proo	of of down payment is	required prior to pa	yment of any leas	e proceeds, unless otherwise negotiated.		
Has the lessee paid the vendor for					_			
What fund will the remaining leas	e payments	be made froi	m? General	☐ Special (spe	ecify)			
EQUIPMENT DESCRIPTION								
Equipment Description - including make and model (attach brochure if available):								
New Equipment:	☐ Yes	☐ No	If no, list the age	of equipment or	date manufact	rured:		
Refurbished:	Yes	☐ No	Year:					
Replacement:	☐ Yes	☐ No	Age of current ed	quipment:		Year purchased:		
If not a replacement, why is the equipment needed?								
Soft costs included:	☐ Yes	☐ No	Amount of soft c	osts included (sh	nipping, softwar	e, and sales tax): \$		
Addition to fleet:	☐ Yes	☐ No	If yes, why is nev	w equipment nee	eded?			
If there is a chassis pre-payment,	, when is deli	ivery schedu	led?					
Physical location of equipment after delivery:  Describe the essential use of the equipment being purchased:								
BUILDING PROJECT								
Is the project an addition, renova-	tion or a new	building?		Does	the lessee own	the land? Yes No		
Is the land included in the financi	ng?	Yes [	] No	If yes,	, what is the co	st of the land?		
What is the physical address of the new project?								
Provide the current building's age, estimated market value, square feet, and brief description of facility layout:								
Provide a brief description of the new addition, renovation, or new building:								
What is the essential use of the new project?								
SOURCE OF INCOME/REVENUES								
List the second of increase /		JOUR	TOL OF HACON	ILITE V LINUE		//		

List the source of income/revenue for the district or department, and how much is received from each source (budgeted and actual amounts received). Examples of sources could be city or county contract, fund raising events, donations, endowment, state aid, grants etc.

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	FINANCIAL INFORMATION		
If the district or department's expenditures exceeded were taken to correct the shortfall:	revenues for any one of the last three ye	ears, please explain why and what measures	
Have the requested lease payments been included in	n the operating budget?	☐ Yes ☐ No	
If no, explain.			
Will the lessee issue more than \$30,000,000 in tax-e.		☐ Yes ☐ No	
Has the lessee ever defaulted or non-appropriated or	n a lease, bond, or legal obligation?	☐Yes ☐ No	
TAX LEY	VY INFORMATION (For District	ts Only)	
Indicate the tax/mill levy for each year.			
Budget 2008-09: 2007-08:	2006-07:	2006-05:	
If the tax/mill levy can be raised, what are the proced	ures?		
Are there any voter imposed restrictions on taxing or If yes, explain:	spending?		
Indicate the assessed property value for each year.			
Budget 2008-09: 2007-08:	2006-07:	2006-05:	
Indicate what percentage of taxes billed were actually			
Budget 2008-09: 2007-08:	2006-07:	2006-05:	
Who are the three largest taxpayers and what percer	ntages of the current taxes do they repres		
1. 2.		3.	
	DEMOGRAPHICS		
Size of current service area:		Population served:	
Number of members in department:	Full-time:	Part-time:	
Number of trucks in fleet:	7 V	Number of calls per year:	
Are there any Joint Service Area contracts?	Yes No If yes, with whom?		
F	inancial Information Required		
Three (3) most recently completed tax		ot Sarvica Commitments (or audits)	
<ul> <li>If the fiscal year end of the return (aud</li> </ul>			
date Balance Sheet with Debt Service			
Current budget			
Next year's budget (if available)			
• For any fiscal year without a return (a	udit) provide comprehensive fi	nancial statements to include a	
Balance Sheet with Debt Service Com	* - ·		
<ul> <li>A copy of the Articles of Incorporation</li> </ul>		• • • • • • • • • • • • • • • • • • • •	
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Without complete financial information, the credit review pro		uestions or concerns prior to returning this application to $ ilde{A}$	
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- 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 is 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

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