



Simple. Like financing should be.

All-Lines **Leasing**

MUNICIPAL LEASE CREDIT APPLICATION

Please fully complete the following information and fax to All-Lines Leasing at (800) 288-4959

Legal Name of Lessee: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Alternative Contact Person: _____ Title: _____

Date municipal entity was established: _____

Total cost of Equipment: _____

Down Payment: _____

Trade-In: _____

Amount to Finance: _____

Term:(years) _____

Delivery date: _____

Payment: \$ _____

Payments: Monthly Annual Semi-Annual Quarterly

Is the Equipment Replacing existing "like" Equipment: Yes No

If yes, please state how long the municipality has used the current Equipment and the reason for purchasing the new Equipment: _____

Does Lessee currently owe or currently making lease payments on the existing Equipment being replaced? Yes No

If yes, please describe in detail what agreement (if any) you have worked out with the vendor concerning the existing Equipment that is being replaced _____

Please describe the new Equipment & attach a vendor brochure (Include the Hardware/Software Breakdown if computers): _____

Please describe in detail why Lessee needs the Equipment and the essential use the it will provide: _____

What fund will the rental payments be made from: General or Special (Please Specify) _____

Have you ever been in Default or Non-Appropriated on a Municipal Lease: Yes No

Please accurately fill out the requested Fund information for either the General Fund or the Special Fund from which the payments will be made. Alternatively, you may fax a copy of your balance sheet and income statement along with the signed Formal Proposal to All-Lines Leasing at (800) 288-4959.

	Current Year	Prior Year
Total Revenues:	\$ _____	\$ _____
Total Expenditures:	\$ _____	\$ _____
Fund Balances:	\$ _____	\$ _____

Completed By: _____ **Title:** _____

Vendor Name: _____ **Contact:** _____

Vendor Phone: _____ **Equipment Description:** _____

_____ **Equipment Cost:** _____

100 Prairie Center Drive, Eden Prairie, MN 55344
Phone: 800-477-5855/FAX: 800-288-4959