

COMMERCIAL FUNDING NETWORK, INC.

MUNICIPAL EQUIPMENT FINANCING APPLICATION

LESSEE INFORMATION

Legal Name of Lessee:		
Contact Person:		Title:
Phone:	Fax:	Email:
Address:		
City:	State:	Zip Code:
Date municipal entity established:		
Federal Tax ID:		

EQUIPMENT INFORMATION

Total Cost of Equipment: \$	Term in years:
Down Payment: \$	Anticipated Delivery Date:
Trade-in: \$	Payment : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
Amount to Finance: \$	Payments made in: <input type="checkbox"/> Advance <input type="checkbox"/> Arrears
Is the equipment replacing existing "like" equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many years has the current equipment been in use?	
Please <u>describe</u> the equipment being financed. <i>Also, please send an equipment or brochure if available</i>	
The equipment to be financed is: <input type="checkbox"/> New <input type="checkbox"/> Used	Vendor Web Site:
Please describe in detail why the equipment is essential and the use it will provide:	

FUNDING INFORMATION

Please specify which fund the payments will be made from:	
The appropriations for this project have been <input type="checkbox"/> Submitted <input type="checkbox"/> Approved	
Have you ever been in Default or Non-Appropriated on a Municipal Lease or Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you borrow <i>more or less</i> than \$10,000,000 in total new borrowing during this calendar year? <input type="checkbox"/> More <input type="checkbox"/> Less	
Name of person <i>Signing</i> Documents:	Title of person <i>signing</i> documents:
Person authorizing signatory to execute documents is:	Title of person authorizing signatory: <input type="checkbox"/> Clerk <input type="checkbox"/> Secretary of the Board <input type="checkbox"/> President of the Board <input type="checkbox"/> Other (please specify) _____

OTHER INFORMATION

***Please fax a copy of your latest balance sheet and income statement along with this completed application to
800-483-7138***

SIGNATURE(S)

Signature(s)	Date:
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