

SHORT- FORM MUNICIPAL CREDIT APPLICATION

FOR TRANSACTIONS UNDER \$100,000 (up to 5 years in term)

Please fully complete the following information and fax to Universal Leasing Services at (888)782-3112:

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: _____
Amount to Finance: _____

Term:(years) _____
Payment: \$ _____
Payments: Monthly Annual Semi-Annual Quarterly

1. Is the Equipment Replacing existing Equipment: Yes No (If no, skip to 5)
2. If yes, please state how long the municipality has used the current equipment and the reason for purchasing the new equipment: _____
3. Do you currently owe or are you currently making lease payments on your existing equipment being replaced? Yes No
4. 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 _____
5. Please describe in detail why lessee needs the equipment and the essential use the equipment 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 to Universal Leasing Services at (888) 782-3112.

	Current Year	Prior Year
Total Revenues:	\$ _____	\$ _____
Total Expenditures:	\$ _____	\$ _____
FUND BALANCES:	\$ _____	\$ _____

Completed By: _____ **Title:** _____

Universal Leasing Services, Inc.
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1-888-782-3112 Fax