

Municipal Funding Solutions LLC

"Not just an answer, a solution."

MUNICIPAL CREDIT APPLICATION

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 municipality was established:			Does the lessee self-insure for property & liability insurance:		

TRANSACTION INFORMATION

Total Cost of Equipment/Project: \$		Terms (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 delivery. Proof of 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 equipment being financed?		Yes		No	
If yes, explain:					
What fund will the remaining lease payments be made from?		General	Special	(Specify)	

EQUIPMENT DESCRIPTION

Equipment Description – including make and model (attach brochure if available):

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 & sales tax): \$	
Physical location of equipment after delivery:					
Describe the essential use of the equipment being purchased:					
Has the municipality been rated by a major rating agency?		Yes	No	Rating:	Agency:

Financial Information Required

- **Three (3) most recently completed audits**
- **Current Budget**
- **Next year's budget (if available)**
- **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**

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 Municipal Funding Solutions LLC.

Completed By (signature):	Print Name & Title:	Date:
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- **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."**
- A lost deal fee will be charged to the lessee if the transaction fails to fund once the transaction has been credit approved and lease documents delivered to the lessee This fee will not be charged if the transaction is funded by Municipal Funding Solutions LLC