

SIMPLE FUNDING PROGRAM FOR NONPROFIT TRANSACTIONS complete the following application and return with the requested financial information and return with the requested financial information.

|   | piele lile 10  | nowning a    | application and return with the re    | equested illiantial illioithation. |  |
|---|----------------|--------------|---------------------------------------|------------------------------------|--|
| Legal Name of Lessee:   |                |              |                                       |                                    |  |
| Address:  |                | Count        |                                       | Zin                                |  |
| City: County:   |                |              |                                       | Zip:                               |  |
| Contact Person: Title:  |                |              |                                       |                                    |  |
| Phone: ( ) Fax: ( )   |                |              |                                       |                                    |  |
| Email Address:  |                |              |                                       |                                    |  |
| Alternative Contact Person:   |                |              | Title:                                | Phone: ( )                         |  |
| Date lessee was established:  Does the lessee self-insure for property & liability insurance?                                       |                |              |                                       |                                    |  |
|   |                |              |                                       |                                    |  |
| Total Cost of Equipment/  | Project: \$    |              | Term (years):                         |                                    |  |
| *Down Payment: \$   |                |              | Source of Down Payment:               |                                    |  |
| Trade In: \$  |                |              | Payment Amount: \$ Delivery Date:     |                                    |  |
| Other: \$   |                |              | <del></del>                           | Advance Arrears                    |  |
| Amount to Finance: \$   |                |              |                                       | Quarterly Semi – Annual Annual     |  |
| Will the down payment be made before delivery or at delivery?   |                |              |                                       |                                    |  |
| What fund will the remaining lease payments be made from?   |                |              |                                       |                                    |  |
|   |                |              |                                       |                                    |  |
| Equipment Description - including make and model (please attach brochure if available):   |                |              |                                       |                                    |  |
| Now Equipment:  | □ Voc. I       | □No          | If no places list age of equipment of | or data manufacturad:              |  |
| New Equipment:  | ∐ Yes          |              | If no, please list age of equipment o | or date mandiactured.              |  |
| Refurbished:  | ☐ Yes          | □ No<br>□ No | Year:                                 | Vacanavashasadı                    |  |
| Replacement: Yes No Age of current equipment: Year purchased:  If not a replacement, why is the equipment needed?                   |                |              |                                       |                                    |  |
|   | Yes The equipm | □ No         |                                       |                                    |  |
| Buyout Included:  | =              |              | Amount of buyout included: \$         |                                    |  |
| Soft Costs Included:  | ∐ Yes          | ∐ No         |                                       |                                    |  |
| Physical location of equipment after delivery:  |                |              |                                       |                                    |  |
| Describe the essential use of the equipment being purchased:  |                |              |                                       |                                    |  |
| If the project is a building, who owns the land?  |                |              |                                       |                                    |  |
| Has the lessee ever defaulted or non-appropriated on a lease or bond?   |                |              |                                       |                                    |  |
| That the leader even dela   | alted of flori | рргорпак     | ou di di lease di bolla:              |                                    |  |
| <del></del>   |                | <del></del>  |                                       | <del></del>                        |  |
| For lease applications over \$75,000, in addition to this application, please send a complete copy of                               |                |              |                                       |                                    |  |
| your 3 years most recent audited financial statements or tax returns + most recent interim statements.                              |                |              |                                       |                                    |  |
| Failure to consummate this transaction once credit approved and the lease documents are drafted and delivered to the                |                |              |                                       |                                    |  |
| lessee will result in a \$495.00 fee being assessed to the lessee. If the transaction is funded by LeaseSource, Inc., this fee will |                |              |                                       |                                    |  |
|   |                |              | NOT be charged to the lessee.         |                                    |  |
| *Droof of down navment is required prior to any navment of lease preceded to the yender upless otherwise positioned                 |                |              |                                       |                                    |  |
| *Proof of down payment is required prior to any payment of lease proceeds to the vendor, unless otherwise negotiated.               |                |              |                                       |                                    |  |
| "I hereby authorize the organization, to whom this application is made, or any credit bureau or other investigative agency          |                |              |                                       |                                    |  |
| employed by such organization, to investigate financial statements or other data obtained from me or from any other person          |                |              |                                       |                                    |  |
| pertaining to my credit and financial responsibility."  |                |              |                                       |                                    |  |
|   |                |              | Typed Name                            |                                    |  |
| Completed By (signature   | ):             |              | and Title:                            | Date:                              |  |
|   |                |              |                                       |                                    |  |