

LeaseSource inc.

Equipment, Software & Website Financing For Business

800 422 8328 or 770 395 0140 Fax: 404 492 8893

FIRE DEPT. NOT-FOR-PROFIT SHORT-FORM CREDIT APPLICATION FOR TRANSACTIONS UNDER \$100,000 (up to 5 years in term)

Please fully complete the following information and fax to LeaseSource, Inc. at 404 492 8893

Legal Name of Lessee:

Address:

City:

State:

Zip:

Contact Person:

Title:

Phone:

Fax:

E-Mail Address:

County:

Alternative Contact Person:

Title:

Date municipal entity was established:

Total cost of Equipment:	Term:(years)	1 Yr.	2 Yrs.	3 Yrs.	4 Yrs.	5 Yrs.
Down Payment:	Approximate Delivery Date:					
Trade-In:	Payment Amount: \$					
Other:	Payment Due:	Advance	Arrears			
Amount to Finance:	Payments:	Monthly	Semi - Annual	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 your existing Equipment being replaced?

Yes No

If yes, is there a buyout amount being financed? Yes No Amount: \$

Please describe the new Equipment & attach a vendor brochure if available:

Is the Equipment being financed New? Yes No If Used list age of equipment or Manufacture Date:

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: (Please Specify) General Special

Has the Lessee ever been in Default or Non-appropriated on a Lease: Yes No

Please provide 2 credit references-address & phone number:

*In addition to this application, please send a full copy of your most recent audited financial statements or tax returns. If audit is more than one (1) year old, please send an interim statement.

"I hereby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. Permission is hereby granted to correspond via fax."

Completed By (signature):

Typed Name & Title:

1530 Dunwoody Village Parkway, Suite 204, Atlanta, GA 30338