

## **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT**

**To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.**

**What this means for you: When you obtain credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

**Lessee Information:**

Lessee: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tax ID No: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date Established: \_\_\_\_\_

What do you require to process invoices/billings from us, including lead times? \_\_\_\_\_

**Equipment Description: (Please attach invoice/sales order)**

Vendor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 1) \_\_\_\_\_ Delivery expected: \_\_\_\_\_ Cost: \_\_\_\_\_  
 2) \_\_\_\_\_ Delivery expected: \_\_\_\_\_ Cost: \_\_\_\_\_  
 3) \_\_\_\_\_ Delivery expected: \_\_\_\_\_ Cost: \_\_\_\_\_

**Terms of Sale:**

Lease Term Requested: \_\_\_\_\_ Years Interest Rate: \_\_\_\_\_ %  
 Total Equipment Cost: \_\_\_\_\_ Payments per year:  Annually  Semi-Annually  Quarterly  Monthly  
 Less Trade In: \_\_\_\_\_ First Payment Due: In Advance  In Arrears   
 Less Cash Down: \_\_\_\_\_ Any Preferred Payment Due Date? \_\_\_\_\_  
 Less Rental Credit: \_\_\_\_\_ Is Equipment New?  Used?  Addition?  Replacement?   
 Amount to Finance: \_\_\_\_\_ If replacement, how old is existing equipment? \_\_\_\_\_

When does the vendor expect to be paid? \_\_\_\_\_

**Essential Use/Source of Funds Information:**

Please explain the use of the equipment and the department that may be the primary user: \_\_\_\_\_

If addition, why is equipment being added? \_\_\_\_\_

From which fund will lease payments be made? \_\_\_\_\_

Will any loan or grant monies be used to make lease payments? \_\_\_\_\_

Do you anticipate issuing or designating more than \$10 million in tax-exempt obligations this year? \_\_\_\_\_

What additional leasing/financing is anticipated over the term of this lease? \_\_\_\_\_

**Credit Information: (Please attach your last two (2) year end financial statements and a current interim statement if available)**

Have you ever had any past non-appropriations? If so, explain: \_\_\_\_\_

What is your current debt rating? \_\_\_\_\_

Primary Bank: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Bank or Eqmt. Lessor: \_\_\_\_\_ Acct. Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Bank or Eqmt. Lessor: \_\_\_\_\_ Acct. Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Law Firm: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

I hereby authorize BB Community Leasing Services, Inc. or any credit bureau or other investigative agency employed by BB Community Leasing Services, Inc. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to the credit and financial responsibility of the Lessee.

I agree that any such information, along with this application, shall remain BB Community Leasing Services, Inc.'s property whether or not the application is approved.

Lessee expects and anticipates adequate funds to be available for all future payments or rents after the current budgetary period.

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_