

Commercial Equipment and Vehicle Finance Municipal Finance

Name: _____
Phone: _____ Fax: _____
Email: _____
Web: santanderbank.com/cevf



3 Huntington Quadrangle, Suite 101N
Melville, NY 11747-4616

MUNICIPAL LEASE/PURCHASE CREDIT APPLICATION

Municipal Information

Legal Name of Municipality ("Lessee"): _____
Federal ID Number: _____ Year Organized: _____
Department Using Equipment: _____ County: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Billing Address: _____ City: _____ State: _____ ZIP: _____
(If different from above)
Primary Contact Person: _____ Primary Contact Phone: _____
Primary Contact Email: _____ Primary Contact Fax Number: _____
Accounts Payable Contact Person: _____ Accounts Payable Phone: _____
What is the requested term of the lease/finance? _____ Have all the necessary municipal approvals been obtained? Yes No
Has municipality ("lessee") ever defaulted/non-appropriated on a tax-exempt obligation? Yes No

Equipment Information

Vendor Name: _____
Contact Name: _____
Vendor Phone: _____ Vendor Fax Number: _____
Vendor Address: _____ City: _____ State: _____ ZIP: _____
Equipment Description: _____ Number of Units: _____
Cost of Each Unit: \$ _____ Total Cost: \$ _____
Estimated Delivery Date: _____
Equipment Location (physical location after purchase): _____
How will equipment be used? _____
Will this equipment replace other equipment? Yes No If yes, replaces equipment purchased in (Year): _____
If no, explain: _____
(If more space is needed, continue on additional sheet.) _____

Insurance

Self Insured? Yes No The Appropriated Loss Reserve Amount: \$ _____
Name of Insurance Provider: _____ Phone: _____
General Liability Coverage Limits: \$ _____

Financial Information

Date of Most Recent Audited Financial Statement: _____ Have funds been appropriated for the current year? Yes No
Primary Source of Revenue: _____
Source of Funds for Proposed Payments: General Fund Other: _____
Fiscal Year End: _____ Fund Balance: \$ _____ As of: _____
Does the municipality intend to issue more than \$10,000,000 in total exempt finance originations during the current calendar year? Yes No
Will the financing applied for be designated as "bank-qualified" financing? Yes No

The undersigned certifies that he/she has full authority to act on behalf of the municipality and certifies that all of the information contained in this application and on each document required to be submitted in connection herewith are true and complete. A photocopy or facsimile of this authorization shall be as valid as the original.

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 any entity that opens an account. What does this mean? When you open an account, we will ask for the entity name, address, and other information that will allow us to verify the entity.

Authorized Signer Signature: _____ Date: _____
Printed Name: _____
Title: _____ Phone: _____