

**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. Further, the applicant hereby authorizes each bank and finance reference listed in this credit application to release information about the applicant to Santander Bank, N.A. ("Santander Bank") as requested by Santander Bank.

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: \_\_\_\_\_