

Bank Authorized
Equipment Leasing and Financing



- * Healthcare
- * High Technology
- * Broadcasting
- * Colleges
- * Industry
- * Municipal / Govt

Since 1986

FEDERAL GOVERNMENT LEASE APPLICATION

Agency Name:

Issuing Office:

Address: City: State: Zip Code:

Disbursing Office:

Address: City: State: Zip Code:

Contracting Officer: Phone Number: Fax: Email Address:

Address: City: State: Zip Code:

Installation Address: City: State: Zip Code:

Expected Ship Date: Expected Install Date:

Vendor Sales Contact: Phone Number: Fax: Email Address:

Contact Person for Transaction: Phone Number: Fax: Email Address:

Type of Lease: LTOP (Lease to Own Plan) LWOP (Lease With Option to Purchase)

Periodic Payment: Term (months):
\$ 12 months 24 months 36 months 48 months 60 months
 Other (please specify)

Contract Number: Purchase/Delivery Order Number:

Product Description:

Product Breakdown:	Hardware: \$ _____
	Software: \$ _____
	Support: \$ _____
	Installation: \$ _____
	Prepaid Maintenance: \$ _____
	Other (please specify): \$ _____
	\$ _____
	\$ _____
	TOTAL: \$ _____

Submitted by: Date:



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ESSENTIAL USE INFORMATION

What essential government use does this department perform?

What essential function do the users of this product perform?

How does this product help the users perform this function?

Do the users plan to use this equipment for the full term of the lease? Yes No

What is the cost impact to the user? Does this product generate cost savings for the user?

Why is this product being acquired? Please be specific in the description of the project.

If this is a replacement product, what is it replacing? (Make and Model)

If this is a replacement product, how long has the current product been in service?

Have funds been obligated for the leasing of this product? Yes No

Is multi-year funding available? Yes No

What, if any, are the performance responsibilities of the manufacturer/vendor after acceptance?

BACKGROUND INFORMATION OF THE USER AGENCY

Is there any threat of the Agency downsizing or cutting funding during the proposed lease term? Yes No

Is there any threat of the installation location downsizing or closing during the proposed lease term? Yes No

Is there any possibility of the Agency itself being eliminated? Yes No

Does the Agency receive any non-appropriated funds? Yes No

Does the Agency plan on moving this installation location? Yes No

If yes, where and when?

Is the facility in which the equipment/software is to be located government owned or leased? Owned Leased

If the facility in which the equipment/software will be located is leased, what is the duration of the facility lease?

If the facility is leased, what is the commencement date and expiration date of the facility lease?

Submitted by:

Date:

PHONE / FAX:

800-400-5060 PH

858-451-0400 PH

858-451-0033 FAX

MAILING ADDRESS:

P.O. Box 500110

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92150

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SAN DIEGO, CA 92128

CORPORATE ADDRESS:

11440 W. BERNARDO CT.

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