



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

MUNICIPAL LEASE APPLICATION

LESSEE INFORMATION

Legal Name of Lessee:	Phone Number:	Fax Number:	
Contact Person:	Title:	Email Address:	
Address:	City:	State/Province:	Zip/Postal Code:
Date municipal entity was established:		Federal Tax ID:	

EQUIPMENT INFORMATION

Total Cost of Equipment: \$	Term in years:
Down Payment: \$	Anticipated Delivery Date:
Trade-in: \$	Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
Amount to Finance: \$	Payments made in: <input type="checkbox"/> Advance <input type="checkbox"/> Arrears
Is the equipment replacing existing 'like' equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many years has the current equipment been in use?
What is the reason for purchasing new equipment?	
Please <u>describe</u> the equipment being financed. <i>Also, please send an equipment or vendor brochure if available.</i>	

The equipment to be financed is: <input type="checkbox"/> New <input type="checkbox"/> Used	Vendor Web Site:
Please describe in <u>detail</u> why the equipment is essential and the use it will provide:	

FUNDING INFORMATION

Please specify which fund the rental payments will be made from:	
The appropriations for this project have been: <input type="checkbox"/> Submitted <input type="checkbox"/> Approved	
Have you ever been in Default or Non-Appropriated on a Municipal Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you borrow <i>more</i> or <i>less</i> than \$10,000,000 in total new borrowing during this calendar year? <input type="checkbox"/> More <input type="checkbox"/> Less	
Person <i>signing</i> documents is:	Title of person <i>signing</i> documents:
Person <i>authorizing signatory</i> to execute documents is:	Title of person <i>authorizing signatory</i> : <input type="checkbox"/> Clerk <input type="checkbox"/> Secretary of the Board <input type="checkbox"/> President of the Board <input type="checkbox"/> Other (please specify)

Signature: _____

Date: _____

PHONE / FAX:

800-400-5060 PH
858-451-0400 PH
858-451-0033 FAX

MAILING ADDRESS:

P.O. Box 500110
SAN DIEGO, CA
92150

FEDEX / COURIER ADDRESS:

11835 CARMEL MT. RD.
SUITE # 1304-351
SAN DIEGO, CA 92128

CORPORATE ADDRESS:

11440 W. BERNARDO CT.
SUITE # 300
SAN DIEGO, CA 92127