



Since 1986

VOLUNTEER FIRE, AUTHORITY, AND DISTRICT CREDIT APPLICATION
Return completed application with required financial information.

GENERAL INFORMATION

Legal Name of Lessee:		Fed. Tax ID #:	
Address:			
City:	County:	State:	Zip:
Contact Person:		Title:	
Phone: ()		Fax: ()	
Email Address:			
Alternate Contact Person:		Title:	
		Phone: ()	
Date district/department was established:		Does the lessee self-insure for property and liability insurance?	

TRANSACTION INFORMATION

Total Cost of Equipment/Project: \$	Term (years):	
*Down Payment: \$	Source of Down Payment (fund name):	
Trade In: \$	Payment Amount: \$	Delivery Date:
Other: \$	Payment Due:	<input type="checkbox"/> Advance <input type="checkbox"/> Arrears
Amount to Finance: \$	Payments:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
*Lessee's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any lease proceeds, unless otherwise negotiated.		
Has the lessee paid the vendor for any portion of the equipment being financed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.		
What fund will the remaining lease payments be made from? <input type="checkbox"/> General <input type="checkbox"/> Special (specify)		

EQUIPMENT DESCRIPTION

Equipment Description - including make and model (attach brochure if available):			
New Equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list the age of equipment or date manufactured:	
Refurbished:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	
Replacement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age of current equipment:	Year purchased:
If not a replacement, why is the equipment needed?			
Soft costs included:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of soft costs included (shipping, software, and sales tax): \$	
Addition to fleet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why is new equipment needed?	
If there is a chassis pre-payment, when is delivery scheduled?			
Physical location of equipment after delivery:			
Describe the essential use of the equipment being purchased:			

BUILDING PROJECT

Is the project an addition, renovation or a new building?	Does the lessee own the land? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the land included in the financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the cost of the land?
What is the physical address of the new project?	
Provide the current building's age, estimated market value, square feet, and brief description of facility layout:	
Provide a brief description of the new addition, renovation, or new building:	
What is the essential use of the new project?	

SOURCE OF INCOME/REVENUES

List the source of income/revenue for the district or department, and how much is received from each source (budgeted and actual amounts received). Examples of sources could be city or county contract, fund raising events, donations, endowment, state aid, grants etc.
