

Since 1986

NONPROFIT ORGANIZATION /501(c)3 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:			
Alternative Contact Person:	Title:		Phone: ()
Date entity was established:	Does the lessee self-insure for property & 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 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?	
Buyout Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of buyout included: \$
Soft Costs Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of soft costs included (shipping, software, and sales tax): \$
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 addition, renovation, or new building:	
What is the essential use of the new project?	

CORPORATION INFORMATION

Number of people employed:	
How is the governing body structured?	
Number of board members:	Are they appointed or voted?
What is the length of the board member's term?	
Has the lessee been rated by a major rating agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rating: Agency:

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FINANCIAL INFORMATION

If the lessee's expenditures exceeded revenues for any one of the last three years, please explain why and what measures were taken to correct the shortfall:	
Have the requested lease payments been included in the operating budget? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the lessee defaulted on a prior lease, bond or legal obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can any of the invested assets either directly or through an investment pool in derivatives, inverse floaters, reverse repurchase agreements or any other investment be characterized as a "High Risk"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEMOGRAPHICS

What is the nature of the organization?
What is the number of people served?
What is the population of the service area?

Financial Information Required

- **Three (3) most recently completed tax returns WITH schedule of Debt Service Commitments (or audits)**
- **If the fiscal year end of the return (audit) is more than three (3) months ago, also provide current year-to-date Balance Sheet with Debt Service Commitments and Income Statement**
- **Current budget**
- **Next year's budget (if available)**
- **For any fiscal year without a return (audit) provide comprehensive financial statements to include a Balance Sheet with Debt Service Commitments and an Income Statement in place of the returns (audits)**
- **A copy of the Articles of Incorporation**

Without complete financial information, the credit review process may be delayed. Please call with any questions or concerns prior to returning this application to

Completed By (Signature):	Printed Name and Title:	Date:
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- **By signing this application lessee representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand lessor will retain this application whether or not it is approved. Lessor is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process."**
- A lost deal fee will be charged to the lessee if the transaction fails to fund once the transaction has been credit approved and lease documents delivered to the lessee. This fee will not be charged if the transaction is funded by

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