



## SMALL TICKET PROGRAM

*Return completed application with required financial information.*

| Legal Name of Obligor:  |  | Fed. Tax ID #:   |                 |
|---|--|--|-----------------|
| Address:  |  |  |                 |
| City:   | County:  | State:   | Zip:            |
| Contact Person:   |  | Title:   |                 |
| Phone: ( )  |  | Fax: ( )   |                 |
| Email Address:  |  | Alt Contact Email Address:   |                 |
| Alternative Contact Person:   |  | Title: Phone: ( )  |                 |
| Date municipal entity was established:  |  | Does the obligor self-insure for property & liability insurance?             |                 |
| Esign Contract Preferred: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If yes, please list Names, Titles and Email of signers below (minimum of 2): |                 |
| 1:  | 2:   | 3:   |                 |
| Total Cost of Equipment/Project: \$   |  | Term (years):  |                 |
| *Down Payment: \$   |  | Source of Down Payment :   |                 |
| 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 |  |                 |
| <small>*Obligor's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any contract proceeds, unless otherwise negotiated.</small>  |  |  |                 |
| Has the obligor paid, or does obligor intend to pay, a vendor for any portion of the equipment being financed with the intent of being reimbursed with proceeds from this financing? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                 |
| How will the contract payments be made? <input type="checkbox"/> P-Card *Add'l Fees Will Apply* <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Other (specify)  |  |  |                 |
| What fund will the remaining contract payments be made from? <input type="checkbox"/> General <input type="checkbox"/> Special (specify)  |  |  |                 |
| Will any federal monies be applied to the contract payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.  |  |  |                 |
| Equipment Description:  |  |  |                 |
| 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:  |  |  |                 |
| Has the obligor ever defaulted or non-appropriated on a lease, bond, or legal obligation?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                 |
| Will the obligor issue more than \$10,000,000 in tax-exempt debt in this calendar year?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                 |
| Is the project a building? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes, who owns the land?   |                 |
| What is the physical address of the new building/project?   |  |  |                 |
| Financial information required (for all funds):   |  |  |                 |
| Fiscal Year End:  | Current Year (Actual YTD)  | Prior Year (Actual Not Budget)   |                 |
| Total Revenue:  | \$   | \$   |                 |
| Total Expenditures:   | \$   | \$   |                 |
| Net Income:   | \$   | \$   |                 |
| Total Fund Balance:   | \$   | \$   |                 |
| If the obligor's expenditures exceeded revenues for any one of the last three years, explain why and what measures were taken to correct the shortfall:   |  |  |                 |
| Completed By (signature):   |  | Printed Name and Title:  | Date:           |

- **Additional financial information may be requested if deemed necessary during credit review.**
- **By signing this application Obligor representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand Obligee will retain this application whether or not it is approved. Obligee is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process."**

***SIGN AND EMAIL COMPLETED FORM TO [INFO@MUNICIPALFLEETSERVICES.COM](mailto:INFO@MUNICIPALFLEETSERVICES.COM)***