

CREDIT APPLICATION



CREDIT APPLICATION FOR STATE, COUNTY & MUNICIPAL TRANSACTIONS

Please fill out this application in as much detail as possible. Attach additional pages if necessary.

Legal Name of Lessee:		Fed. Tax ID #	
Address:		Box #	Web Site:
City:	County:	State:	Zip:
Billing Address:		Contact:	
Primary Contact:	Title:	E-Mail:	
Primary Contact Phone:	Fax:		
Alternate Contact:	Title:	E-Mail:	
Authorized Lease Signer:	Title:	E-Mail:	
Person Authorized to Attest Signature:	Title:		

TRANSACTION INFORMATION

Lease Term: Number of Years:	Payment Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Payments Due: <input type="checkbox"/> In Advance <input type="checkbox"/> In Arrears
First Lease Payment Due Date (per proposal):	FCEL Documentation & Legal Fee (per proposal):	
Total Cost of Equipment::	Down Payment /Trade In (if applicable):	
Net Amount to Finance With This Lease :	Payment Amount Per Lease Proposal:	
Total Number of Payments:	Budget fund lease payments will be drawn from:	
Preferred Lease Closing/Execution Date: <input type="checkbox"/> A.S.A.P. (10 days <i>after you receive lease documents from us</i>) <input type="checkbox"/> Other:		
Equipment Delivery Date (approx):	Will <u>ALL</u> equipment be delivered together? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like a pre-approved (no charge) Master Lease Line of Credit in addition to the lease amount? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the equipment replacing existing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please state how long you have used the <u>current</u> equipment and the reason for purchasing the new equipment)		
Please describe the equipment. (If available, please attach vendor quotes):		
Please describe the <u>essential use</u> the equipment will provide:		
Where will the equipment be located (physical address) after acquisition:		

FINANCIAL INFORMATION

Have expenditures exceeded revenue for any one of the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain why and what measures were taken to correct the shortfall:
Has the requested lease transaction been included in the current budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Lessee issued, or does the Lessee intend to issue more than <u>\$10,000,000</u> in tax-exempt leases or bonds in the current calendar year: (January 1 - December 31) <input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the assets of the Lessee invested either directly or through an investment pool in DERIVATIVES, INVERSE FLOATERS, REVERSE REPURCHASE AGREEMENTS or any other investment that can be characterized as a "High Risk" investment? Yes No

TAX INFORMATION

Are there any voter imposed restrictions on taxing or spending: Yes No If "Yes," please explain:

What was the assessed valuations for each year: (Select: Taxable or Est. Market)

2006:	2007:	2008:	Budget Year 2009:
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What is the tax collection rate for these years:

2006:	2007:	2008:	Budget Year 2009:
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DEMOGRAPHICS – Population & Major Employers

Population:	2006:	2007:	2008:	Budget Year 2009:
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Please list the major employers in the city and the number of people employed locally by each:

1.	2.	3.
4.	5.	6.

Please list any universities/colleges located near the city and approx. enrollment:

Are there any military bases within 25 miles of the city: Yes No If yes, please list the names and location:

Has the city been rated by a major rating agency? Yes No Rating and agency name

Document Checklist: Please attach the following documents to insure a prompt credit review.

- Last three year's audited financial statements.
- Current fiscal year's budget
- Vendor quotes/proposals
- Vendor brochure and/or vendor's web site (if available) _____
- Signed "Lease-To-Own Proposal" (Be sure preferred lease term has been selected)
- Check for "Documentation & Legal" fee per quotation

IMPORTANT: Should Lessee cancel this lease transaction after credit has been approved and lease documents prepared, or fail to execute the lease within 45 days for any reason, Lessee agrees to pay a cancellation fee equal to the amount of the "Documentation & Legal Fees" specified in the Lease Proposal. There is no cancellation fee if the lease is executed within the aforementioned 45 day period.

For Lessee By (sign): _____ Print Name: _____

Title: _____ Date: _____

Please return all documents via overnight courier or Express Mail to:

First Capital Equipment Leasing Corp
 32 Wolf Hill, PO Box 1018, East Sandwich, MA 02537
 800-541-0114 • FAX 508-833-6692

====FCEL OFFICE USE: =====
 Escrow: Yes No Lessee: BQ NBQ BR: _____ LR: _____
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