



Municipal Lease Credit Application

| | | | | |
|----------------------------------|--|----------------|--------------------------|----------------------------|
| Business Information | Full Legal Name | | Tax Identification | |
| | Billing Street Address | | | |
| | City/State/Zip/County | | | |
| | Equipment Location (if different from above) | | | |
| | Contact | | Phone No. | |
| | Principal | | Title | |
| Principal | | Title | | |
| Essential Use Information | 1. Identify the user(s) entity or department, and its essential function(s) to, or within the agency. Specify if user will act as lessee. | | | |
| | 2. What is the nature of this equipment acquisition? Is this a new acquisition or is this replacement of existing equipment? Identify number of users. | | | |
| | 3. Please detail the cost implication(s) or impact(s) of this acquisition, specifically noting cost savings or debt incurrence. | | | |
| | 4. Describe the approval process necessary for this acquisition, i.e. Bid, Voter Referendum, etc. Currently, where are you in the process? | | | |
| | 5. Is there any chance that you will move, consolidate, or dissolve at any time during the proposed lease term. | | | |
| | 6. When does your fiscal year end? | | | |
| | 7. What is the most recent audited financial statement(s) available for review? Interim financial statement(s)? | | | |
| | 8. Have you ever experienced any past non-appropriations? Is there any potential for non-appropriation of this proposed agreement? | | | |
| | 9. What are the specific funding sources for this acquisition? | | | |
| | 10. Have you recently had any bond offerings, or acquired any significant new debt? If so, for what purpose, and in what form? | | | |
| | 11. Will there be any private or 501(c)3 usage? If so, what percentage? | | | |
| | 12. What do you require to process invoices from Snap-on Credit LLC, including lead times? Please note any special routing or process requirements. | | | |
| Additional Information: | | | | |
| Equipment Information | Sales Representative Name: | | Estimated Equipment Cost | |
| | Lease Term (months) | Payment Factor | Lease Payment | *Estimated Other Costs |
| | Equipment Description | | | Estimated Total Cash Price |
| | *Applicable taxes, delivery, upgrade, buyout, wire, installation and other costs. | | | |
| Sales Contact | Sales Negotiator | | Phone No. | Area Manager |
| | | | | Branch Code |