Ph: 888 783 5327 Fax: 866 509 5328
verns@capitoleasing.com

SMALL TICKET PROGRAM

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?		
Total Cost of Equipment/Project: $	Term (years):		
*Down Payment: $	Source of Down Payment :		
Trade In: $	Payment Amount: $	Delivery Date:	
Other: $	Payment Due: ☐ Advance ☐ Arrears		
Amount to Finance: $	Payments: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual		

*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.

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? ☐ Yes ☐ No

How will the contract payments be made? ☐ P-Card *Addt'l Fees Will Apply* ☐ Check ☐ ACH ☐ Other (specify)

What fund will the remaining contract payments be made from? ☐ General ☐ Special (specify)

Will any federal monies be applied to the contract payments? ☐ Yes ☐ No If yes, explain.

Equipment Description:				
New Equipment:	☐ Yes	☐ No	If no, list age of equipment or date manufactured:	
Refurbished:	☐ Yes	☐ No	Year:	
Replacement:	☐ Yes	☐ No	Age of current equipment:	Year purchased:
If not a replacement, why is the equipment needed?				
Buyout Included:	☐ Yes	☐ No	Amount of buyout included: $	
Soft Costs Included:	☐ Yes	☐ 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?			☐ Yes	☐ No
Will the obligor issue more than $10,000,000 in tax-exempt debt in this calendar year?			☐ Yes	☐ No
Is the project a building?	☐ Yes	☐ 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."***