



- Completed Application**
- Latest Completed Balance Sheet and Income Statement**

Fax to 888-547-7993

Or

Email to info@smartfinanceoptions.com

SMART FINANCE OPTIONS, INC.

MUNICIPAL LEASE APPLICATION

LESSEE INFORMATION

Legal Name of Lessee: _____ Phone Number: _____ Fax Number: _____
Contact Person: _____ Title: _____ Email Address: _____
Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____
Date municipal entity was established: _____ Federal Tax ID: _____

EQUIPMENT INFORMATION

Total Cost of Equipment: _____ Term in years: _____
\$ _____
Down Payment: _____ Anticipated Delivery Date: _____
\$ _____
Trade-in: _____ Payment Mode: Monthly Quarterly Semi-Annual Annual
\$ _____ Payments made in: Advance Arrears
Amount to Finance: _____
\$ _____
Is the equipment replacing existing 'like' equipment? Yes No If yes, how many years has the current equipment been in use?
What is the reason for purchasing new equipment?
Please describe the equipment being financed. *Also, please send an equipment or vendor brochure if available.*

The equipment to be financed is: New Used Vendor Web Site: _____
Please describe in detail why the equipment is essential and the use it will provide:

FUNDING INFORMATION

Please specify which fund the rental payments will be made from:
The appropriations for this project have been: Submitted Approved
Have you ever been in Default or Non-Appropriated on a Municipal Lease? Yes No
Will you borrow *more* or *less* than \$10,000,000 in total new borrowing during this calendar year? More Less
Person *signing* documents is: _____ Title of person *signing* documents: _____
Person *authorizing signatory* to execute documents is: _____ Title of person *authorizing signatory*:
 Clerk Secretary of the Board President of the Board
 Other (please specify)

Signature: _____

Date: _____

Authorized Originating SFO Agent
PLEASE FAX A COPY OF YOUR LATEST COMPLETED BALANCE SHEET AND INCOME STATEMENT ALONG WITH THIS COMPLETED APPLICATION TO 888-547-7993.