



40 N. Wells Street, Chicago, Ill 60606

MUNICIPAL CREDIT APPLICATION

Phone: 800-513-0013 Fax: 312-706-1731

Lessee Information:

Lessee: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Date Established: \_\_\_\_\_

What do you require to process invoice/billing from us, including lead times? \_\_\_\_\_

Equipment Description: ( Please attach invoices/sales order)

Vendor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1) \_\_\_\_\_ Delivery expected: \_\_\_\_\_ Cost: \_\_\_\_\_

Terms of Sale:

Lease term Requested: \_\_\_\_\_ years

Total Equipment Cost: \_\_\_\_\_ Payments per year: Annually Semi-Annual Quarterly Monthly

Less Trade in: \_\_\_\_\_ First Payment Due: In Advance \_\_\_\_\_ In Arrears \_\_\_\_\_

Less Rental Credit: \_\_\_\_\_ Any Preferred Payment Due Date? \_\_\_\_\_

Less Cash down: \_\_\_\_\_ Is Equipment New? \_\_\_ Used? \_\_\_ Addition? \_\_\_ Replacement? \_\_\_\_\_

Amount to Finance: \_\_\_\_\_ If replacement, how old is existing equipment? \_\_\_\_\_

When does the vendor expect to be paid? \_\_\_\_\_

Essential Use/Source of Funds Information:

Please explain the use of the equipment and the department that may be the primary user: \_\_\_\_\_

If addition, why is equipment being added? \_\_\_\_\_

From which fund will lease payments be made? \_\_\_\_\_

Will any loan or grant monies be used to make lease payments? \_\_\_\_\_

Do you anticipate issuing or designating more than \$10 million in tax-exempt obligations this year? \_\_\_\_\_

What additional leasing/financing is anticipated over the term of this lease? \_\_\_\_\_

Credit Information: (please attach your last two (2) year end financial statements and a current interim statement if available)

Have you ever had any past non-appropriations? If so explain: \_\_\_\_\_

What is your current debt rating? \_\_\_\_\_

Primary Bank: \_\_\_\_\_ Officer name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Law firm: \_\_\_\_\_ Attorney name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

I hereby authorize Academic Capital Group, Inc or any credit bureau or other investigative agency employed by Academic Capital Group, Inc to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to the credit and financial responsibility of the lessee. I agree that any such information, along with this application, shall remain Academic Capital Group, Inc property whether or not the application is approved. Lessee expects and anticipates adequate funds to be available for all future payments or rents after the current budgetary period.

Signed: X \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to the address above or fax to 312-706-1731