

RIVER ROCK FINANCIAL SERVICES INC.

www.riverrockfinancial.com - Phone: 501-520-0301 Fax: 888-423-5973

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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: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
Amount to Finance: \$	Payments made in: <input type="checkbox"/> Advance <input type="checkbox"/> Arrears
Is the equipment replacing existing 'like' equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many years has the current equipment been in use?
What is the reason for purchasing new equipment?	
Please <u>describe</u> 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: