



**SMALL TICKET PROGRAM**

*Return completed application with required financial information to fax: (917) 591-9430*

Legal Name of Lessee:		Fed. Tax ID #:	
Address:			
City:	County:	State:	Zip:
Contact Person:		Title:	
Phone: ( )		Fax: ( )	
Email Address:			
Alternative Contact Person:		Phone: ( )	
Date municipal entity was established:		Does the lessee self-insure for property & liability insurance?	
Total Cost of Equipment/Project: \$		Term (years):	
*Down Payment: \$		Source of Down Payment (fund name):	
Trade In: \$	Payment Amount: \$	Delivery Date:	
Other: \$	Payment Due:	<input type="checkbox"/> Advance	<input type="checkbox"/> Arrears
Amount to Finance: \$	Payments:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
*Lessee's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any lease proceeds, unless otherwise negotiated.			
Has the lessee paid the vendor for any portion of the equipment being financed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			
What fund will the remaining lease payments be made from? <input type="checkbox"/> General <input type="checkbox"/> Special (specify)			
Equipment Description:			
New Equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list age of equipment or date manufactured:	
Refurbished:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	
Replacement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age of current equipment:	Year purchased:
If not a replacement, why is the equipment needed?			
Buyout Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of buyout included: \$	
Soft Costs Included:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 lessee ever defaulted or non-appropriated on a lease, bond, or legal obligation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the lessee issue more than \$30,000,000 in tax-exempt debt in this calendar year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the project a building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who owns the land?			
What is the physical address of the new building/project?			

**Financial information required (for all funds):**

Combined Total Funds of Lessee	Current Year (Actual YTD)	Prior Year (Actual Not Budget)
Total Revenue:	\$	\$
Total Expenditures:	\$	\$
Net Income:	\$	\$
Total Fund Balance:	\$	\$
If the lessee'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:
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- **Additional financial information may be requested if deemed necessary during credit review.**
- **By signing this application lessee representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand lessor will retain this application whether or not it is approved. Lessor is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process."**
- A lost deal fee will be charged to the lessee if the transaction fails to fund once the transaction has been credit approved and lease documents delivered to the lessee. This fee will not be charged if the transaction is funded by Sparta Commercial Services.