

Application for Municipal Financing

Legal Name of Borrower (Applicant)

Address City State Zip

Phone Number Federal ID Number Web Address (if applicable)

Person(s) to Contact for Clarification Regarding Project

Name Title Phone

Email Fax

Name Title Phone

Email Fax

Obligations / Economics

Are the Applicant's obligations bank qualified? Bank Qualified Non-Bank Qualified
(i.e., expected to issue less than \$10 Million in tax-exempt financing this calendar year)

Please list the Applicant's current underlying bond rating from the rating agencies listed below (if applicable):

Moody's Investor Service Standard & Poor's Fitch

Discuss the Applicant's economic trends (stable, positive, negative) and reasons for any variation.

Has the Applicant ever defaulted or non-appropriated on an obligation? Yes No

If **Yes**, please explain

Obligations / Economics

Please provide the following demographic information (please attach any applicable demographic statistics)

Approx square mile: Population: Population Trend: Increasing Decreasing
Cities, Towns and Counties

If **Decreasing**, please explain

Educational Applicants Only

Enrollment: Enrollment Trend: Increasing Decreasing
Please also answer the above question regarding the resident city

If **Decreasing**, please explain

Elementary: Middle: High School: Other:
How many schools make up the district (please list the number and type of each school)?

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Essential Use Form

Description of Equipment Purchase

Purchase Description (please be **specific** and attach any applicable Equipment lists or invoices available)

Estimated Equipment Delivery Date

Is the Equipment replacing existing Equipment? Yes No

If **Yes**, please state how long you have currently used the Equipment and the reason you are replacing the Equipment

If **Yes**, what will the Applicant do with the old Equipment that is being replaced?

If **No**, please state the reason additional Equipment is needed

If **Yes**, when was a Resolution passed?

Please describe in detail the following (please be specific)

What will the Equipment be used for?

Describe the essential nature of the Equipment financed

List the specific department that will be the primary user of the Equipment

Payments and Insurance

Will the payments be made from Applicant's General Fund? Yes No

If **No**, from which Special Fund will the payments be made?

Will any Federal Grant or Loan monies be used? Yes No

If **Yes**, please describe

Insurance information

Liability Coverage	Property Damage Coverage	Deductible
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Terms and Conditions

The undersigned hereby authorizes DCFS USA LLC ("Creditor") to make inquire into, to request, and to receive any information concerning information from creditors which Creditor deems relevant for the potential granting of the proposed borrowing. This authorization shall be effective from the date upon which this agreement is signed and is extinguished automatically upon full payment of the present borrowing.

Total Cost of Equipment	Down Payment	Amount to Finance
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Terms (in years) _____ Frequency (choose one): Annual Semi-Annual Quarterly Monthly

Equipment Delivery Date _____ Remittance (choose one): Advance Arrears

Applicable Signature _____

Title _____

Date _____

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LIKE-KIND EXCHANGE. As part of a like-kind exchange program, Assignee has engaged MBF Account Services, LLC as a qualified intermediary. The originating Dealer/Lessor is hereby notified that the Assignee has assigned to MBF Account Services, LLC its rights (but not its obligations) for the purchase of Equipment described in any leases. In event the Lessee or originating Dealer/Lessor purchases any Equipment, such purchaser is hereby notified that the Assignee has engaged MBF Account Services, LLC its rights (but not its obligations) for the sale of the Equipment described in such Leases.

References

References (applicable on transactions less than \$500,000)

Bank Information

Bank Name

Contact Name

Phone Number

Account Number

Bank Name

Contact Name

Phone Number

Account Number

Creditor Information

Name

Contact Name

Phone Number

Account Number

Name

Contact Name

Phone Number

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