



l e a s i n g 2

CREDIT PACKAGE CHECKLIST

Thank you for recently awarding your lease-purchase transaction to our company. Please begin to compile a credit package using the following check list. We will be in contact with you soon to see if you have any questions and arrange for its return.

Credit Package

Checklist

1. Completed Credit Application _____
2. Sales & Use Tax Certificate of Exemption _____
3. Do you have a signed Sales Contract with Vendor/Manufacturer? Yes ____ No ____
 - If Yes, please include a copy _____
 - If No, when do you expect to sign the contract? _____
4. Financial Reports
 - a. Last 3 year end audit reports. (All pages)
 - 2012 _____
 - 2013 _____
 - 2014 _____
 - b. 2015 Internal Year to Date Budget vs Actual _____

Please overnight or email this package to my attention at:

Leasing 2, Inc.
Attn: Donna Womack
1720 W. Cass Street
Tampa, FL 33606
813-258-9888 x14
dwomack@leasing2.com

Thank you for your effort in getting the above information to us.



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CREDIT APPLICATION

LESSEE LEGAL NAME: _____

FEDERAL I.D. # _____ **WEBSITE ADDRESS:** _____

**OFFICIAL ADDRESS FOR
LEASE AGREEMENT:**

Street Address (PO Box is not acceptable)

City, State and Zip

County

CONTACT:

Name & Title

Street Address (for Fed Ex deliveries)

City, State, Zip

ALTERNATE CONTACT:

Name & Title

PRIMARY EQUIPMENT LOCATION:

Department that will use equipment

**OFFICIAL NAME AND TITLE OF PERSON
AUTHORIZED TO SIGN CONTRACT:**

Name

Title

Signer's Telephone Number (used for urgent matters only)

Off. Phone

Cell Phone

Fax

Email

Off. Phone

Cell Phone

Street Address

City, State and Zip

Is this equipment an add-on? _____ or replacement? _____ If add on, why the need? _____

If replacement, how long have you had old equipment? _____ What will you do with old equipment? _____

Is equipment being purchased new or used? _____ What will equipment be used for and why is it essential?: _____

What fund will the lease payment be made from? _____

Will any federal grant or loan monies be used? If so, please describe _____

How many tax-exempt financing loans have you issued this calendar year? (not including this transaction) _____

The appropriations for this project have been ☐ Submitted ☐ Approved for the current year or ☐ will be submitted for next year's budget.

Bank Qualified / Small Issuer: Do you anticipate exceeding \$10,000,000 of tax-exempt financing obligations during the calendar year the lease starts? _____

Have you ever non-appropriated or defaulted a lease prior to the end of the lease term? Yes _____ No _____

What governing body meeting date do you anticipate passing the approval resolution? _____

CREDIT APPLICATION (Continued)

DEMOGRAPHIC INFORMATION:

Approx. square miles _____ Population _____ Increasing or Decreasing? _____

If decreasing, please explain: _____

INSURANCE TYPE:

- | | | |
|--------------------------|-----------|----------|
| 1. Commercially Insured: | Yes _____ | No _____ |
| 2. Self Insured*: | Yes _____ | No _____ |
| 3. Managed Risk Pool*: | Yes _____ | No _____ |
| 4. Other: | _____ | |

General Liability Coverage Limits: Aggregate: \$ _____ Each Occurrence: \$ _____

Contact Name: _____ Phone: _____

*If self-insured or Managed Risk Pool, please provide a contact name and number for us to secure additional information:

ATTORNEY: Should we send a copy of the lease document directly to your attorney? Y _____ N _____

Name

Phone

Firm

Fax

Physical Address

or, if your attorney prefers,

City, State, Zip

E-mail address

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to obtain credit information as needed to process this application.

Applicant's signature

Printed name and title

Date