SPARTA COMMERCIAL SERVICES

The Source for Governmental Leasing

www.spartacommercial.com

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:	Title:	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:	☐ Advance	☐ Arrears
Amount to Finance: $	Payments:	☐ Monthly ☐ Quarterly	☐ Semi-Annual ☐ 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? ☐ Yes ☐ No If yes, explain.

What fund will the remaining lease payments be made from? ☐ General ☐ Special (specify)

Equipment Description:			
New Equipment:	☐ Yes	☐ No	If no, list age of equipment or date manufactured:
Refurbished:	☐ Yes	☐ No	Year:
Replacement:	☐ Yes	☐ No	Age of current equipment: Year purchased:
If not a replacement, why is the equipment needed?			
Buyout Included:	☐ Yes	☐ No	Amount of buyout included: $
Soft Costs Included:	☐ Yes	☐ 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?			☐ Yes ☐ No
Will the lessee issue more than $30,000,000 in tax-exempt debt in this calendar year?			☐ Yes ☐ No
Is the project a building?	☐ Yes	☐ 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:

- **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.