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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attn:** | | | | | **E-mail:** | | | | | | | **Phone:** | | | | | | | | | **Fax:** | |
| **Applicant Legal Name** | | | | | | | | | | Phone No. | | | | | | | Fax No. | | | | | |
| Headquarters Office Address (include City, State, Zip Code, County) | | | | | | | | | | | | | | | | | **Federal Tax ID Number** | | | | | |
| Contact Name | | Phone No. | | | | | | Fax No. | | | | | | Email Address | | | | | | | | |
| Current Fleet Size: | | | | | | | | | | | | | | | | | | | | | | |
| Has the Municipality ever defaulted or non-appropriated on an obligation?  Yes  No  If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | |
| How is the Municipality funded? | | | | | | | | | | | | | | | | | | | | | | |
| Will the Municipality issue in excess of $10 million in tax-exempt obligations during the current calendar year?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| **NEW EQUIPMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **Quantity** | **Year, Manufacturer, Model** | | | | | | | | | | | | | | | | | | **Requested Amount** | | | |
|  |  | | | | | | | | | | | | | | | | | | $ | | | |
|  |  | | | | | | | | | | | | | | | | | | $ | | | |
| Purpose: | Replacement  Additions | | Estimated Closing Date: | | | | | | | | | | **Total $ Requested** | | | | | | **$** | | | |
| Payment Frequency Required?  Arrears or  Advance : | | | | | | Annual | | | Semi-Annual | | | | | | Quarterly | | | | | | | Monthly |
| Do you have a desired payment start date? If so, what payment date would you prefer? | | | | | | | | | | | | | | | | | | | | | | |
| How long as the Municipality been providing the current service? | | | | | | | | | | | | | | | | | | | | | | |
| What Department will be utilizing the equipment? | | | | | | | | | | | | | | | | | | | | | | |
| Is this equipment lease payment included in the current Municipal Budget? | | | | | | | | | | | | | | | | | | | | | | |
| Will this lease payment be made from the Municipal general fund?  Yes  No  If no, please explain the source of the payments: | | | | | | | | | | | | | | | | | | | | | | |
| **RATING AGENCY UNDERLYING BOND RATINGS** | | | | | | | | | | | | | | | | | | | | | | |
| Moody’s Investor Service | | | | Bond Obligation Type | | | | | | Contact Name | | | | | | | | Phone No. | | | | |
| Standard & Poor’s | | | | Bond Obligation Type | | | | | | Contact Name | | | | | | | | Phone No. | | | | |
| Fitch | | | | Bond Obligation Type | | | | | | Contact Name | | | | | | | | Phone No. | | | | |
| **MANAGEMENT INFORMATION:** Complete this section for one individual with significant responsibility for managing the legal entity such as an executive officer or senior manager (e.g., Chief Financial Officer, Chief Operating Officer, President, Vice President, Treasurer), or any other individual who regularly performs similar functions. | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | SSN/Tax ID No. | | | | | | | | | Date of Birth | | |
| Home Address (Street Name, City, State, ZIP) | | | | | | | | | | | **Country of Citizenship** | | | | | | | | | Non-U.S.: Passport # | | |
| **Certification**  The undersigned certify to Rosenbauer America LLC its parent, and affiliates (collectively, “Rosenbauer”) that the information stated in this application is true and correct. The undersigned understand that Rosenbauer will retain this application whether or not it is approved. Rosenbauer and/or entities to whom Rosenbauer refers this application (each a “Rosenbauer Party”) are authorized to check the credit and employment history of the undersigned (including criminal background checks), obtain insurance information, and to answer questions about their credit experience with the undersigned. The undersigned authorize each Rosenbauer Party to contact any creditors of the undersigned and authorize any creditor so contacted to release to such Rosenbauer Party such information as such Rosenbauer Party may request. The undersigned further authorize each Rosenbauer Party to share this application and the undersigned’s information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application. The undersigned also confirms that the equipment described above is essential to the functions of the undersigned or to the services the undersigned provides its citizens. Further, the undersigned has an immediate need for, and expects to make immediate use of, substantially all such equipment, which need is not temporary or expected to diminish in the foreseeable future. Such equipment will be used by the undersigned only for the purpose of performing one or more of the undersigned's governmental or proprietary functions consistent with the permissible scope of its authority. | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | Title | | | | | | | | | Date | | | | | | |
| Signature | | | | | | | Title | | | | | | | | | Date | | | | | | |

Notice to Applicants and Guarantors: To help the government fight the funding of terrorism, narcotics trafficking, trans-national organized crime, and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents and relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal Laws.