



MUNICIPAL LEASE APPLICATION

Fax To: (866) 763-9600

Name of Applicant:				Federal Tax ID #:
Equipment Location:	City:	State:	Zip:	Business Phone #
Billing Address:	City:	State:	Zip:	Business Fax #

Contact Person:	Phone # & E-mail Address:	Bond Rating:
Authorized Signor of the Lease:	Title:	Attesting Official:
Legal Counsel:	Phone #	Fax #
Bank Name:	Bank Phone#	Bank Account #
Organizational Structure (check one) <input type="checkbox"/> City <input type="checkbox"/> School <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____		

1. Equipment Description: _____
2. Equipment Cost: _____
<i>Note: Please attach signed Purchase Order.</i>
3. Purchase Option (check one): <input type="checkbox"/> FlexPlus <input type="checkbox"/> FMV <input type="checkbox"/> \$1 Out <input type="checkbox"/> Purchase Order Only
4. Term: _____ months
5. NCP/National Joint Powers Alliance (NJPA) Order: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor/Dealer Name : _____
Phone Number : _____
E-mail Address: _____

X _____
DATE

X _____
SIGNATURE

Phone # where individual can be reached in the next 4 hrs.

Contact (866) 763-7600 with any questions concerning this application.

*NCL will be requesting information by telephone on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information. I (we) certify that this application presents a complete, and correct statement of facts as of the date shown and does not omit any pertinent information. I (we) understand that misrepresenting information on this application is a criminal offense.