



# Advance **Acceptance**

## Municipal Application

### Municipality Information

Legal Name of Lessee

Address

City

State

Zip

### Municipality Contact Information

Contact Person 1

Title

Phone

Fax

Email

Contact Person 2

Title

Phone

Fax

Email

### Equipment & Finance Information

Total Cost of Equipment

Advance Payment

Amount to Finance

Term (Years)

Delivery Date

Payment

Payment Schedule

Monthly  Annual  Semi-Annual

What fund will the rental payments be made from :

General

Special

Other ( )

Have you ever been in Default or Non-Appropriated on a Municipal Lease :

Yes  No

Is your organization Bank Qualified?

Yes  No

### Vendor Information

Completed By

Title

Vendor Name

Vendor Contact

Vendor Email

Vendor Phone

Vendor Fax

Equipment Cost

Equipment Description:

**Submit Completed Credit Application to Advance Acceptance**



## Advance **Acceptance**

Fax Completed Apps To: (800) 288-4959  
[www.AdvanceAcceptance.com](http://www.AdvanceAcceptance.com)