

Municipal Application

| Municipality information | | | | | | |
|--|---------------|-------------|--------------------------------------|---------|---------------------------|-----|
| Legal Name of Lessee | | | | | | |
| Address | | | | | | |
| City | | S | State | | | Zip |
| Municipality Contact Info | ormation | | | | | |
| Contact Person I | | | | | Title | |
| Phone | Fax | | | Email | | |
| Contact Person 2 | _ | | | | Title | |
| Phone | Fax | | | Email | • | |
| Equipment & Finance Inf | ormation | | | | | |
| Total Cost of Equipment | Advan | ce Payment | | Amour | nt to Finance | |
| Term (Years) | Delivery Date | F | ayment | | Payment Schedule Monthly | |
| What fund will the payments be made from | Ger | neral | Special | Other (| |) |
| Have you ever been in Default or Non-App | se: Y | es No | Is your organization Bank Qualified? | | | |
| Vendor Information | | | | | | |
| Completed By | | | Title | | | |
| Vendor Name | | | Vendor C | Contact | | |
| Vendor Email | | Vendor Ph | one | | Vendor Fax | |
| Equipment Cost | | | | | | |
| Equipment Description: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Submit Completed Credit Application to First Western Equipment Financing



Duncan Leighton Business Development Manager First Western Equipment Finance Ph: (888) 705-0550 duncan.leighton@firstwesternef.com Susan Larson Account Manager First Western Equipment Finance Ph: (888) 705-0498 susan.larson@firstwesternef.com