



Public School or Government Entity

Short Form Equipment Lease Application

Lease To Own Option

Legal Name : _____ Year Municipal Entity Was Established: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Contact 2: _____ Title: _____

Phone: _____ Fax: _____ E-mail address: _____

Bank: _____ Phone#: _____ Fax#: _____ Contact: _____

Account#: _____

Cost Of Equipment: _____ Down Payment: _____ Amount Leased-Financed \$: _____

Term Requested: 1Yr 2Yrs 3Yrs 4Yrs 5Yrs

Requested Payment Due Date: _____ Advance or Arrears

Payments: Monthly Quarterly Semi-Annual Annual From What Fund?: _____

Dealer: _____ Contact Person: _____ Email: _____

Equipment Description (please attach list) _____

Describe the essential use of the equipment purchased: _____

Physical Location Of Equipment After Delivery: _____

New Equipment : Yes No If used, please list age of equipment or manufacture date: _____

Refurbished: Yes No Year: _____

Replacement: Yes No Age Of Current Equipment: _____ Year Purchased: _____

If not a replacement, why is equipment needed? _____

Purchase Option: Yes No Purchase Option Amount Requested \$: _____

Cost Of Installation \$ _____ Software%: _____ Hardware%: _____

Has the Lessee ever defaulted or non-appropriated on a lease or bond? Yes No

What fund will the rental payment be made from? (Please Specify) General Special

Combined Funds	Current Year	Prior Year
Total Revenue		
Total Expenditures		
Fund Balances		

X

Signature

Type Name & Title

Phone#

Email Address



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