

NORTHEASTERN LEASING & FINANCE CORP.

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MUNICIPAL EQUIPMENT LEASE APPLICATION

(Confidential)

LESSEE: Exact Legal Name of

School or other

Municipality _____

Address _____

City, State, Zip _____

County _____

Telephone []

Fax []

Cellular []

Contact Person _____

State of Organization _____

Equipment Location

(if different) _____

Federal Tax ID Number _____

Tax Exempt # (Attach Certificate) _____

Please **Print** name & Title of Authorized Lease Signer

Name

Title

Please Print name & title of witness to main signer on Lease:

Name

Title

VENDOR:

Name _____

Address _____

City, State, Zip _____

Telephone []

Fax []

Salesperson _____

CIRCLE LEASE TERM:

2 year

3 year

4 year

5 year

ADDITIONAL CONTACT INFORMATION:

Name/Title _____

Telephone/Cellular: []

Telephone/Cellular: []

Email Address: _____

Email Address: _____

****IF MORE SPACE NEEDED FOR EQUIPMENT DESCRIPTION, ATTACH ORIGINAL QUOTE OR SEPARATE SHEET**

QUANTITY

EQUIPMENT: Description, Model, Catalog No, or Other Identification

COST:

The undersigned is authorized to sign this lease-purchase application for School/Municipal credit processing. Authorization is hereby given for bank and any other references provided to release credit information to NLFC. There are no bankruptcy, liens or judgments present or pending not disclosed. All information is accurate. If declined, NLFC will disclose the reason(s) if requested in writing within 60 days of the date of this application.

TOTAL: \$ _____

Lessee Signature → _____

Date: _____