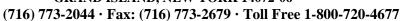
NORTHEASTERN LEASING & FINANCE CORP.

2695 GRAND ISLAND BLVD BOX 695 GRAND ISLAND, NEW YORK 14072-06



MUNICIPAL EQUIPMENT LEASE APPLICATION

(Confidential)

| <u>LESSEE:</u> Exact Legal Name of School or other | |
|--|--|
| Municipality | VENDOR: |
| Address | Name |
| City, State, Zip | Address |
| County | City, State, Zip |
| Telephone Fax [] | Telephone [|
| Cellular [] | Salesperson |
| Contact Person | |
| State of Organization | <u>CIRCLE LEASE TERM:</u> |
| Equipment Location (if different) | 2 year 3 year 4 year 5 year |
| Federal Tax ID Number | ADDITIONAL CONTACT INFORMATION: |
| Tax Exempt # (Attach Certificate) | Name/Title |
| Please Print name & Title of Authorized Lease Signer | |
| | Telephone/Cellular: [] |
| Name Title | Telephone/Cellular: [] |
| Please Print name & title of witness to main signer on Lease: | Engli Addussa |
| Name Title | Email Address: |
| | Email Address: |
| | PTION, ATTACH ORIGINAL QUOTE OR SEPARATE SHEET Catalog No, or Other Identification COST: |
| | |
| The undersigned is authorized to sign this lease-purchase approcessing. Authorization is hereby given for bank and any or credit information to NLFC. There are no bankruptcy, liens of disclosed. All information is accurate. If declined, NLFC will writing within 60 days of the date of this application. | ther references provided to release or judgments present or pending not |
| Lessee Signature ———> | Date: |