



Credit Application

2044 Tollgate Boulevard, Thompson's Station, TN 37179 • Phone: 615-396-3131 • Fax: 615-396-3232

CUSTOMER INFORMATION

Legal Name of Customer: City of Maricopa Federal ID# 43 2035823
 Physical Address: 39700 W Civic Center
 City: Maricopa County: Pinal State: AZ Zip: 85138 Website: maricopa-az.gov
 Mailing Address (If different than above): _____
 Contact Name & Title: Chris Evripidou E-Mail: christopher.evripidou@maricopa-az.gov
 Phone #: 520-316-6984 Ext: _____ Fax #: _____ Cell Phone # 520-840-1694

TRANSACTION INFORMATION

Equipment Description: 1xEMAX Clean Cab EZTRAC 4X4 Rescue Pumper; 2xEMAX Clean Cab Rescue Pumper
 New or Used?: New Anticipated Delivery Date: _____
 Equipment Cost: \$ 3,832,393 Down Payment: \$ _____
 From what fund is the down payment originating? _____
 Trade-In: \$ _____ Financed Amount: \$ 3,832,393
 From what fund will the lease payments originate? Fire Impact Fee, Capital Project, and Asset Replacement Funds
 Is the equipment replacing existing equipment? Yes No If "Yes", how old is the existing equipment? _____
 For what purpose is the equipment being purchased? _____
 Where will the equipment be located? _____

LEASE INFORMATION

Requested Lease Term: 7 years
 Payment Frequency: Monthly Quarterly Semi-Annual Annual Arrears or Advance

FINANCIAL INFORMATION

Has the Customer issued or does the Customer intend to issue more than \$10,000,000 in tax-exempt leases or bonds in the current calendar year (January 1 – December 31)? Yes No

Please attach a copy of the following information for review:

1. Complete copy of audited financial statement from last two fiscal years
2. Copy of current interim financial statement (since last audit)
3. Equipment quote

Has the requested lease transaction been included in the current budget? Yes No

Has the Customer ever had an incident of non-appropriation or failed to complete any lease, loan, or borrowing obligation?

Yes No If "Yes", please provide details: _____

To whom this application is made, or any credit bureau or other investigative agency employed by such person, is hereby authorized to investigate any references or information herein listed or statements or other data obtained from me or from any other person pertaining to the credit and financial responsibility of the customer listed on this application.

Authorized Signature: _____ Title: _____ Date: _____

Please forward the completed application and required financial info via E-Mail (application@taxexemptleasing.com) or Fax (615-396-3232)