

MOSAIC INTERNATIONAL CORPORATION

MUNICIPAL LEASE APPLICATION

Please fully complete the following information and fax to: 480-813-6379

Legal Name of Lessee:

Address:

City:

State:

Zip:

Contact Person:

Title:

Phone:

Fax:

Email:

Federal Tax ID #:

Total Cost of Equipment including Shipping & Installation: \$

Requested Term: 24 months 36 months 48 months 60 months other

Payment Mode: Monthly Quarterly Semi-Annually Annually Advance Arrears

Anticipated Delivery Date:

Equipment Description:

What is the purpose of the proposed equipment acquisition?

Why is the equipment essential?

Source fund for the lease payments is:

The appropriations for this project have been Submitted Approved *for the current year.*

Have you ever been in Default or Non-Appropriated on any prior Lease? Yes No

Will you borrow More Less than \$10,000,000.00 in total new borrowing during this calendar year?

Person **signing** documents is:

Title:

Person **authorizing signatory** to execute documents is:

Their **Title** is: Clerk Secretary of the Board President of the Board Other ()

Please fax a copy of your last two years audited financial statements and a copy of your current budget. Fax 480-813-6379

Completed by:

Title: