# Application for Municipal Financing

Municipality Information				
Legal Name of Borrower (Applicant)				
Address	City		State	Zip
Phone Number	Federal ID Number		Web Address (if applicable)	
Person(s) to Contact for Clarification	n Regarding Project			
Name	Title		Phone	
Email			Fax	
Name	Title		Phone	
Email			Fax	
Obligations / Economics				
Are the Applicant's obligations bank qualified?	Bank Qualified 🔲	Non-Bank Qualified		
Please list the Applicant's current underlying bon	d rating from the rating agencie	s listed below (if applicable):		
Moody's Investor Service	Standard & Poor's	Fitch		
Discuss the Applicant's economic trends (stable	e, positive, negative) and reason	is for any variation.		
Has the Applicant ever defaulted or non-appropri	ated on an obligation? Yes 🗌	No 🗌		
If <b>Yes</b> , please explain				
Educational Applicants Only				
Enrollment:		nrollment Trend: Increasing 🔲	Decreasing 🗌	
Please also answer the above question regarding	g the resident city			
If Decreasing, please explain				
Elementary: Middle:	н	igh School:	Other:	
How many schools make up the district (please l				

## Essential Use Form

#### **Description of Equipment Purchase**

Equipment Delivery Date	Remittance (choose one): Advance	Arrears 🗌		
Terms (in years)	Frequency (choose one): Annual	Semi-Annual 🗌	Quarterly 🔲 Monthly 🗌	
Total Cost of Equipment	Down Payment		Amount to Finance	
to request, and to receive any ir proposed borrowing. This author payment of the present borrowir information concerning my finan Borrower(s) to verify any informat possible extension of credit to Bo	es Mercedes-Benz Financial Services USA LLC formation concerning information from other ization shall be effective from the date upon g. I hereby authorize Creditor and/or the se cial condition, including, but not limited to, o cion contained herein or received in connection prower(s) ("Information"). I also grant any su prmation to any of its affiliates, assigns or age	r creditors which Cr which this agreeme lling dealer ("Dealer obtaining a credit re n with this applicati ch creditors permiss	editor deems relevant for the potential a ent is signed and is extinguished automat ") to make inquiry into, to request, and port and contacting any current or form on, which Creditor and/or Dealer deems	granting of the ically upon fu to receive an er creditors o relevant to the
Per Occurrence Terms and Conditions	Per Occurrence			
Insurance information	Property Damage Coverage	Deductible	Aggregate General Liability	
Will any Federal Grant or Loan mo	onies be used? Yes 🗌 No 🔲			
Is this transaction being paid fo	r by a government entity? Yes 🗌 No 🗌	]		
If No, from which Special Fund	will the payments be made?			
Will the payments be made from	Applicant's General Fund? Yes 🔲 No 🗌			
Payments and Insurance				
If <b>Yes</b> , when was a Resolution p	assed?			
If No, please state the reason a	dditional Equipment is needed			
If <b>Yes</b> , what will the Applicant d	o with the old Equipment that is being replace	ed?		
If <b>Yes</b> , please state how long yo	u have currently used the Equipment and the	reason you are repla	acing the Equipment	
Is the Equipment replacing existin	ng Equipment? Yes 🗌 No 🗌			
Estimated Equipment Delivery	Date			
Estimated Equipment Delivery	Date			

### References

#### References (applicable on transactions less than \$500,000)

Bank Information
Bank Name
Contact Name
Phone Number
Account Number
Bank Name
Contact Name
Phone Number
Account Number
Creditor Information
Name
Contact Name
Phone Number
Account Number
Name
Contact Name
Phone Number

Account Number