



**GOVERNMENTAL LEASE APPLICATION**

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (Street, City, State & Zip): \_\_\_\_\_

**Lease Information**

Amount Financed \$ \_\_\_\_\_ Anticipated Delivery Date: \_\_\_\_\_

**Company Information**

Entity Name: \_\_\_\_\_

*Please list name exactly as it appears on the official stamp of the governmental entity.*

Physical Address: \_\_\_\_\_

Address (Street, City, State & Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Fiscal Year Ends: \_\_\_\_\_

**Primary Signer**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address (Street, City, State & Zip): \_\_\_\_\_

**Authorized Signers for Agreements**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Secondary Signer*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Appropriation Signer*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Attestor*

**Insurance Information**

Insurance Agent Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address (Street, City, State & Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**Other Information**

Government Body: \_\_\_\_\_

Insured?  Yes  No Self-Insured?  Yes  No Maintenance  Yes  No Self-Maintenance  Yes  No



## GOVERNMENTAL LEASE APPLICATION

### Lease Information

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (Street, City, State & Zip): \_\_\_\_\_

### Documentation Requirements

In addition to the attached Governmental Lease Application, we require the following documentation:

- Municipal Resolution (Diversified Lenders will provide the proper form)
- Two most recent financial audits
- For transactions over \$300,000, we may require an *Attorney Opinion Letter*

### Form Index

Need help with some of the information required on the form?  
Use this index to help you understand more about the information we are requesting.

**Anticipated Delivery Date** Enter the expected date the product will be delivered/installed.

**Business Name** Enter the legal name of the business. (*E.g. this is City of..., Country of...every school ISD, etc.*)

**Date Fiscal Year Ends** Enter the date your Fiscal Year ends. (E.g. September 30)

**Primary Signer** Enter the primary signer's information. This is the individual with the authority to bind the local government to this agreement. (*E.g. the mayor, county judge, school board president, etc.*)

**Secondary Signer** Enter the name of the secondary signer. The Secondary Signer is usually the secretary of the city or like person for a county or school district. The person is attesting the primary signer's signature.

**Appropriation Signer** Enter the name of the person that will sign the statement of appropriation for the entity. (*E.g. the city secretary, county clerk, board secretary*)

**Attestor** Enter the name of the person that will attest to the legality of the individuals signing the lease documents. (*E.g. the city secretary, county clerk, board secretary*)

**Insurance Agent Information** Enter the information for the entity's insurance agent. We need the property/contents insurance policy number. This is the policy that will cover the product being financed in case of a loss.

**Governing Body** Governing body applies to an entity such as a city council, school board, commissioner's court, etc.

**Insured** Enter the appropriate response to indicate if the entity is insured or is not insured by an insurance company.

**Self Insured** Enter the appropriate response to indicate if the entity is self-insured or is not self-insured.

**Maintenance** Enter the appropriate response to indicate if the entity has the equipment/product covered under maintenance or will not have maintenance coverage.

**Self-Maintenance** Enter the appropriate response to indicate if the entity has the equipment/product covered under self-maintenance or will not have self-maintenance coverage.