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VOLUNTEER FIRE DEPARTMENT/RESCUE SQUAD CREDIT APPLICATION

Return completed application with required financial information via fax or mail as provided on the top of this application.

GENERAL INFORMATION FOR DEPARTMENT/SQUAD				
Full Legal Name of Lessee:		Contact Person:		
Address:		Title:		
City, State, Zip		Phone: Office & Cell		
Fed. Tax ID #:		Fax:		
Year VFD/Squad Established:		Email:		
Name of Insurance carrier for property and liability coverage:		Alternate Contact Name & Title:		
Name & Phone for Insurance Agent:		Alternate Contact's Phone & Email:		
Are there any judgments, liens or bankruptcies on/against the department? Yes No If yes, provide separate explain.				
TRANSACTION INFORMATION				
Total Cost of Equipment: \$		Purchase or Refinance:	Delivery Date:	
*Down Payment: \$		Source of Down Payment (fund name): General Special (specify)		
Trade In: \$		Contracting Municipality (s) for Department or Squad:		
Amount to Finance: \$		Has the lessee paid the vendor for any portion of the equipment being financed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Financing Term:	Payment Frequency: Monthly Quarterly Semi-Annual Annual	What fund will the remaining lease payments be made from? General Special (specify)		
*Lessee's down payment should be made before or at delivery.				
EQUIPMENT DESCRIPTION & ESSENTIAL USE				
Equipment Description - include manufacturer, make and model				
Vendor/Dealer:		Phone:	Email:	
New Equipment:	Yes No	Vehicle Year:	Miles (if used):	
Replacement: Yes No Provide explanations below as indicated <i>If yes, explain need for replacement and what equipment is being replaced:</i> _____ _____ <i>If no, explain need for addition to current fleet:</i> _____ _____				
Population Served:	Coverage Area (sq. miles):	# of Dept. Members:	# of Calls/Year	# fleet vehicles:
FINANCIAL INFORMATION REQUIRED				
If lessee's expenditures exceeded revenues during the any of the last 3 years, explain why and describe the actions taken to correct shortfall:				
Will the lessee issue more than \$10,000,000 in tax-exempt debt in this Calendar Year? Yes No				
Has the lessee defaulted or non-appropriated on a prior lease, bond, or legal obligation? Yes No				

- **Three (3) most recently completed 990 Tax Returns or year-end Financial Statements**
- **If the fiscal year end of the 990 is more than six (6) months ago, also provide year-to-date Balance Sheet with Debt Service Commitments and Income Statement (forms attached if needed)**
- **Balance Sheet, Current Budget, and one (1) month of bank statements for all accounts and investments**
- **Copy of Department's Articles of Incorporation**

Completed By (signature):	Printed Name and Title:	Date:
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I certify everything stated in this application is correct to the best of my knowledge. Lessor is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process.

(Department's Legal Name)

Financial Statement: Balance Sheet

Dated _____

Assets			Liabilities	
Checking Acct. Balance	\$		Accounts Payable	\$
Savings Acct. Balance	\$		Short Term Notes	
Certificates of Deposit	\$			\$
Investments	\$			\$
Buildings				\$
	\$			\$
Land			Long Term Notes	
	\$			\$
Misc. Equipment				\$
	\$			\$
Trucks	Age	Current Value	Others:	
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Total Assets	\$		Total Liabilities	\$

Debt Service Commitments

(Active Loans or Long Term Notes Payable)

Lender	Collateral	Original Amt. of Loan	Current Balance	Annual Pmt. Amount	Maturity Date
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

President or Treasurer Signature	Printed Name and Title:	Date:
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