

Municipal Lease Application



Affiliated Investment Group, Inc.
201 S. Lakeline Blvd #104
Cedar Park, Tx. 78613
512-336-7335 Fax: 512-336-7336

Lessee Name:	County		
Address:	City	State	Zip
Contact Name:	Title	Phone	
Signer	Title	Phone	
Secretary/Clerk	Purpose of Equipment To Be Leased		

Equipment Information

Vendor Name	Address	Phone
Equipment (Include Make, Model, and Serial Number if applicable)		
Expected Delivery Date	Total Cost	

Local Site Information

Equipment Location If Different from Above			
Address	City	State	Zip
Contact Person	Telephone Number		

Lease Information

Invoicing Address	City	State	Zip
Billing Contact Person	Phone		
Insurance <input type="checkbox"/> Self Insured <input type="checkbox"/> Company Insured	Carrier Name		
Lease Term	Payment: <input type="checkbox"/> In Arrears <input type="checkbox"/> In Advance		
1st Payment Date			
How Paid	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually (please check one)		
Contract Date	Fiscal Year		

For the purpose of obtaining credit I/we certify that the information given in this application and any attached schedules or financial statements are true and correct. I/we hereby authorize any financial institution or other credit references to verify information above or provide additional information which Affiliated Investment Group, Inc. , and/or their assigns may request. I further acknowledge the receipt or knowledge of Regulation B.

Signature _____ Title _____ Date _____