

# Municipal Credit Application



Municipality Information			
Legal Name of Obligor:			Federal Tax ID #:
Street Address, City, State and ZIP Code:			County:
Primary Contact Name & Title:	Email:	Phone:	Fax:
Alternate Contact Name & Title:	Email:	Phone:	Fax:
Date Municipality Established:	Does Obligor Self-Insure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer Concentration:	Municipal Segment (HHS, HR, DOT):

Equipment Information	
Equipment Description:	Describe the essential use of this equipment:
Equipment Condition: <input type="checkbox"/> New <input type="checkbox"/> Refurbished <input type="checkbox"/> Replacement	If not New, Date Manufactured:
Will Obligor issue more than \$10,000,000 in tax-exempt debt this calendar year? <input type="checkbox"/> No (BQ) <input type="checkbox"/> Yes (NBQ)	Physical Location of Equipment After Delivery:
Has obligor ever defaulted or non-appropriated on a lease or loan? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, explain:	

Financing Information			
Total Cost of Equipment: \$	Down Payment: \$	Source of Down Payment:	Trade-In Applied: \$
Buyout Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount of Buyout to Include: \$	Soft Costs Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount of Soft Costs to Include: \$
Other: \$	Total Amount to Finance: \$	Term (months): <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	Purchase Option: <input type="checkbox"/> 10% <input type="checkbox"/> Lease Purchase
Payment Amount: \$	Payments Due: <input type="checkbox"/> In Advance <input type="checkbox"/> In Arrears	Timing of Payments: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Seasonal Skip <input type="checkbox"/> Annual	
Will any federal monies be applied to the contract payments? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, explain:			

Has (or will) the Obligor prepaid (prepay) a vendor for any portion of equipment with intent of being reimbursed with proceeds from this financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Required Financial Information</b>
How will contract payments be made? <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> P-Card *Additional Fees Will Apply* <input type="checkbox"/> Other	<ul style="list-style-type: none"> <li>Two (2) most recent audits</li> <li>If the fiscal year end of the most recent audit occurred over three (3) months ago, also include a current year-to-date Balance Sheet with Debt Service Commitments and Income Statement</li> <li>For any unaudited fiscal year, provide comprehensive financial statements including a Balance Sheet with Debt Service Commitments and an Income Statement</li> </ul>
Which fund will the contract payments be made from? <input type="checkbox"/> General <input type="checkbox"/> Special (please specify):	

## Credit Release

**Acknowledgement & Authorizations:** By signing the below, the credit applicant(s), certify that the information given for credit purposes is true and correct. You authorize **Master's Transportation**, its representatives, agents, and assigns, and any credit bureau or other investigative agency to investigate the references, statements and other information accompanying this application and make any other consumer or commercial inquiries deemed necessary by Master's Transportation; and you expressly authorize bank and trade references listed herein to release credit and information requested as part of said investigation. Masters Transportation and its affiliates may share with one another financial, credit and other information about you, other individuals listed herein and the information contained in this application and may use such shared information to market to you and the individuals listed herein. **Master's Transportation** is not a manufacturer, seller or distributor of any equipment and makes no representation or warranty whatsoever with respect to the condition, specifications, operation, performance, value, design, durability, suitability and/or fitness for a particular purpose, of any such equipment. You authorize us to obtain and review these individuals' credit information for purposes of determining whether to extend credit. We reserve the right to request additional information from you regarding these individuals and any other disclosures made by you in this application.

**Important Information About Opening An Account:** **Master's Transportation** complies with Section 326 of the USA PATRIOT Act. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. You hereby certify that any individual listed in this Credit Application is a citizen or lawful permanent resident of the United States.

**Equal Credit Opportunity Act Notice:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain this statement, send a request to **Master's Transportation, 800 QuikTrip Way, Belton, MO 64012**, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. For assistance from the federal agency that administers compliance with the law concerning this credit, contact the Federal Reserve Consumer Help Center, PO Box 1200, Minneapolis, MN 55480. **Master's Transportation** All rights reserved. ©2021.

Authorized Person's Printed Name & Title	X _____ Authorized Person's Signature	Date Signed
Authorized Person's Printed Name & Title	X _____ Authorized Person's Signature	Date Signed 6.20.29