

Indiana Bond Bank Hoosier Equipment Lease Purchase (HELP) Program APPLICATION

DATE:											
LESSEE INFORMATI	ION										
Name:			Contact:								
Address:											
		Zip:									
Federal ID:											
BILLING ADDRESS (
	,		Contact:								
Address:											
		Zip:									
EQUIPMENT		r	AMOUNT								
•	ion (vear. make. mo	odel):									
Equipment Beserration (year, mane, model).			Down Payment Amount:								
			Expected Delivery Date: Financing Term: Payment* (Annual/Semi/Qtrly/Mo): First Lease Payment Date:								
						-			_		
									Preferred Closing Date: Fund used to pay for the Equipment**:		
			T did dised to pay 101	the Equipment .							
			Cash Balance of Fu	nd used to pay							
			for the Equipment: *Due the 1 st day of the month for any mode.								
									** If paying from a Debt	•	
ESSENTIAL USE			ii paying nom a Deor	Tulid, please collsul	t your counser						
	ing nurahasad undar	the State's ODA?	Yes	No							
Is the equipment being purchased under the State's QPA?											
Does the proposed equipment replace existing equipment? If YES, what is the age and type of equipment being replaced?			Yes	No							
If YES, what is the a	age and type of equi	pment being replaced									
If NO why is the ad	Iditional equipment	needed?									
ii i i i i i i i i i i i i i i i i i i	iditional equipment	necucu .									
What function does	the proposed equipa	nent perform?									
		0,000,000 in debt (incl	uding leases) during the curren	nt calendar year?	Yes No						
Four largest taxpayers in tax base: 1			Assessed V	Assessed Value							
1											
2 3											
4			 _								
Please return appli	ications to: Indi	iana Bond Bank	bondbank@inbondbank.com	Fax: (317) 23	3-0894						

Questions, please contact (800) 535-6974