



LEASE APPLICATION

LESSEE INFORMATION

FULL LEGAL NAME:				TAX ID (SS #):	
BILLING STREET ADDRESS:					
CITY:		COUNTY:		STATE:	
ZIP:		Billing Location if Different from Above:			
CITY:		COUNTY:		STATE:	
ZIP:		CONTACT:			
Title:		Phone:		E-Mail:	
ENTITY TYPE:					
<input type="checkbox"/> S Corp		<input type="checkbox"/> C Corp		<input type="checkbox"/> Municipal	
<input type="checkbox"/> County		<input type="checkbox"/> Authority		<input type="checkbox"/> 501(c)3	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Sole Proprieter		<input type="checkbox"/> Other (Specify)	
Moody's Rating:				Fiscal Year End:	

VENDOR INFORMATION

VENDOR NAME:				TAX ID #:	
BILLING STREET ADDRESS:					
CITY:		COUNTY:		STATE:	
ZIP:		CONTACT:			
Title:		E-mail:			
PHONE:		FAX:		PURCHASE ORDER #:	

LEASE INFORMATION

LEASE PLAN:					
<input type="checkbox"/> Fair Market Value		<input type="checkbox"/> Tax Exempt Lease Purchase		<input type="checkbox"/> Other (Specify)	
Lease Term (Months):					
PAYMENT FREQUENCY:				% of Soft Cost	
<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Semi-Annual	
RATE:		PAYMENT FACTOR:		BUYOUT DOLLAR AMT:	
				○	

INTERNAL USE ONLY PRWA FINANCIAL SERVICES

Date Received:		Time:		Requested Disposition Date:	
Approved By:			Amount:		Date:

**Questions? Please Call:
1-866-328-PRWA**

**Fax this Application To:
1-610-376-3560**