

# Tribal Government Lease Application



**LAKEVIEW LEASING<sup>SM</sup>**

Name of Federally Recognized Tribe:		County:	
Address:	City:	State:	Zip:
Contact Name:	Title:	Phone:	
Signer:	Title:	Phone:	
Title:			
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		
1 <sup>st</sup> 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 LakeView Leasing, and/or their assigns may request. I further acknowledge the receipt or knowledge of Regulation B.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_