* * & ! ŁLEASE PURCHASE APPLICATION *

ESCNJ Member Contact Information

Full Legal Organization

Name

Street Address

City

Zip Code County

Full Name

Title

Phone Number E-Mail Address

Lease Information

Type of Lease

Dollar Value of Lease (no commas please)

Your web address

Requested Term

2 3 4 5 10 Other

1

Down Payment

Yes No **Dollar Value of Down Payment**

(no commas please)

First Payment Date

ie. 10/30/2014

When do you need the funds?

Notes

(350 characters or less)

Brief Description of Purchase

Please attach quotes

Did your organization enter into any other tax exempt leases, bonds or notes in excess of \$10 million dollars in this calendar year (the 12 month period from January to December) or does it intend to enter into other tax exempt leases, bonds or notes this calendar year, besides the lease, that is now being requested with the ESCNJ? Yes No

If yes, please enter the combined amount of the principal amount of these leases, bonds or notes (excluding the ESCNJ lease now being requested) - namely, the leases that have been signed and anticipated for this calendar year.

What is your quote threshold?