



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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S Corp	C Corp	Municipal	County	Authority	501(c)3 Partnership
				Sole Proprieter	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:
1-610-376-2488**