

HOMETOWN TROLLEY Vehicle Finance MUNICIPAL Credit Application

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COMPANY INFORMATION

Company Name OR Individual Last, First and Middle Name, Suffix		DBA	
Street Address		City	State/Zip
Phone	Fax	Website	Gross Annual Revenue
Contact Name	Contact Email Address	State Organization ID #	Federal ID #
		Fleet Size	

TYPE OF MUNICIPALITY

City
 Township
 State
 School District
 Town
 County
 Solid Waste District
 Other

Population (if applicable)	Households (if applicable)	Department/Agency
Fiscal Officer		Title
Phone		Fax
Equipment Location Address		City
		State/Zip

PLEASE CHECK APPROPRIATE BOX

Within the current calendar year, we will will not issue \$10,000,000 or more total debt including all bonds, loans and leases

LEASE TERMS DESIRED

Length of Lease Term	Payment Mode	First Payment Due
<input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Other	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Upon Delivery <input type="checkbox"/> Other (Insert Date)

EQUIPMENT AND VENDOR INFORMATION (Attach separate sheet if necessary)

Qty	Manufacturer/Year/Make/Model	Equipment Cost	Total Equipment Cost
Vendor Name		Contact Name	Contact Phone #
		Contact Fax	
Vendor Address		City	State/Zip
		Email Address	
<input type="checkbox"/> Equipment is Additional <input type="checkbox"/> Equipment is Replacement <input type="checkbox"/> New <input type="checkbox"/> Used			

READ CAREFULLY BEFORE SUBMITTING THIS APPLICATION: We recommend that you print the Application, sign it below and fax or mail it to us at the address set forth above.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EQUAL CREDIT OPPORTUNITY ACT: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

Signature/Title

Date