

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail: pmartin@databound.com

**Contact: admin**

**Fax back to: 954-555-1212**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___1	___2	___3	___4 ___5
Payment amount quoted:	Payment due:			
	___Advance	___Arrears		
Payments:				
___Monthly	___Semi-Annual	___Quarterly	___Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact: Jack Marlin**

**Fax back to: 123-1235**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 208  
 E-mail: miker@allstatecapital.com

**Contact: Mike Ramazio**

**Fax back to: 954-725-2746**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 206  
 E-mail: marcor@allstatecapital.com

**Contact: Marco Ramazio**

**Fax back to: 954-834-0873**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 211  
 E-mail: Joannag@allstatecapital.com

**Contact: Joanna Gomez**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 202  
 E-mail: johnp@allstatecapital.com

**Contact: John Papadopoulos**

**Fax back to: 954-934-0465**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
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Amount to finance:	Term requested (years):			
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact: Jack Black**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail: miker@wwt.cc

**Contact: Funding Manager**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 226  
 E-mail: [steveb@allstatecapital.com](mailto:steveb@allstatecapital.com)

**Contact: Steve Bahm**

**Fax back to: 954-934-0467**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
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Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 401  
 E-mail: mike@allstatecapital.com

**Contact: Mike Reiner**

**Fax back to: 512-301-9470**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 212  
 E-mail: alexe@allstatecapital.com

**Contact: Alex Echevarria**

**Fax back to: 954-934-0464**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 204  
 E-mail: Robw@allstatecapital.com

**Contact: Rob Walls**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact:** test test

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail: brianh@allstatecapital.com

**Contact: Brian Harnos**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail: vincentp@allstatecapital.com

**Contact: Vincent Paramore**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
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Signature

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Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 207  
 E-mail: JamesB@usconvergence.com

**Contact: James Barron**

**Fax back to: 954-834-0853**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___1	___2	___3	___4 ___5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail: pmartin@databound.com

**Contact: dbsadmin**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

Please attach a copy of the last year audited financials with this application

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact: Auto Vendors**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

Please attach a copy of the last year audited financials with this application

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 217  
 E-mail: ABeck@usconvergence.com

**Contact: Alina Beck**

**Fax back to: 954-834-0853**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___1	___2	___3	___4 ___5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 418  
 E-mail: DawnB@allstatecapital.com

**Contact: Dawn Boettiger**

**Fax back to: 954-834-0869**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 407  
 E-mail:  
 YGuzman@usconvergence.com

**Contact: Yliana Guzman**

**Fax back to: 954-834-0853**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 205  
 E-mail: MaiteE@allstatecapital.com

**Contact: Maite Echevarria**

**Fax back to: 954-934-0470**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 211  
 E-mail: JessieS@allstatecapital.com

**Contact: Jessie Suarez**

**Fax back to: 954-834-0875**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact: Rachel Bowles**

**Fax back to:**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

Please attach a copy of the last year audited financials with this application

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 220  
 E-mail: JoshH@usconvergence.com

**Contact: Josh Haines**

**Fax back to: 954-834-0873**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 409  
 E-mail: ElaineD@allstatecapital.com

**Contact: Elaine Donato**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 210  
 E-mail: JRomano@allstatecapital.com

**Contact: John Romano**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 419  
 E-mail: LarryO@allstatecapital.com

**Contact: Larry Overman**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 425  
 E-mail: BonnieF@allstatecapital.com

**Contact: Bonnie-Ann Fike**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 211  
 E-mail: BrianM@allstatecapital.com

**Contact: Brian Mahaffy**

**Fax back to: 954-934-0469**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___1	___2	___3	___4 ___5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 200  
 E-mail: BenD@AllstateCapital.com

**Contact: Benjamin Davis**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 220  
 E-mail: USMail@usconvergence.com

**Contact: Marisa Ortiz**

**Fax back to: 954-834-0853**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 200  
 E-mail:

**Contact: Steve Bahm**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:  
 conferenceroom1@allstatecapital.com

**Contact: Demo Vendor**

**Fax back to: 954-555-0001**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
If not a replacement, why is the equipment needed:				
Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext. 220  
 E-mail: FrankP@usconvergence.com

**Contact: Frank Pena**

**Fax back to: 954-582-1933**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___1	___2	___3	___4 ___5
Payment amount quoted:	Payment due:			
	___Advance	___Arrears		
Payments:				
___Monthly	___Semi-Annual	___Quarterly	___Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
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Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
Soft costs financed:	Yes	No	Amount of soft costs included:	Software %: Hardware %:
Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

# Municipal Credit Application



**Allstate Capital, LLC**  
 3665 Park Central Blvd North  
 Pompano Beach, FL 33064  
 800-949-0018 ext.  
 E-mail:

**Contact: WebApp Owner**

**Fax back to: 954-725-3325**

Legal Business Name:		Federal Tax ID #:		
Equipment/Business Address:	City:	County:	State:	Zip:
Signor:	Title:	Email:		
Phone:	Fax:	Year municipal entity was established:		
Total Cost of Equipment:	From what fund:			
Down payment:	Trade In:			
Other:				
Amount to finance:	Term requested (years):			
	___ 1	___ 2	___ 3	___ 4 ___ 5
Payment amount quoted:	Payment due:			
	___ Advance	___ Arrears		
Payments:				
___ Monthly	___ Semi-Annual	___ Quarterly	___ Annual	
Equipment Description (please attach brochure and vendor information, if available)				
New equipment:	Yes	No	If used, please list age of equipment or manufacture date:	
Refurbished:	Yes	No	Year:	Replacement: Yes No Year purchased:
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Age of current equipment:	Buyout included:	Yes	No	Amount of buyout being financed:
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Describe the essential use of the equipment purchased:				
Physical location of equipment after delivery:				
Approximate delivery date:	Has the Lessee ever defaulted or non-appropriated on a lease or bond:			Yes No
What fund will the rental payment be made from (please specify):		General	Special	
Will the Lessee issue in excess of \$10,000,000 in total tax-exempt debt in the current calendar year:				Yes No

**Please attach a copy of the last year audited financials with this application**

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title