Print Form

LEEAP

Lease Essential Equipment Acquisition Program

Idaho State Treasurer's Office

EXISTING US BANK CUSTOMER - Preliminary Lease/Purchase Information

This form cannot be submitted electronically. Please complete form online, click "print form" button, then mail the form to the location listed in the footer.

1. Applicant Name:

   US Bank Customer Number:

   Applicant Tax Identification Number (TIN): --

2. Mailing Address: Street Address:

   City, State, Zip: City, State, Zip:

3. Telephone: Fax:

4. Contact Person:

   Email Address:

5. Date of most recently audited financial statements:

6. Will all proceeds from this financing be used solely for the initial acquisition of essential equipment that will be utilized only for public purposes?

7. What is the expected useful life of the equipment? (Lease duration limited to not exceed 75% of the expected useful life) Years

8. Equipment Cost (Gross): (Please do NOT enter commas)

   Amount to be Financed: (Please do NOT enter commas)

   Requested Closing Date:

   Requested Payment Frequency:

   Requested First Payment Date:

   Requested Financing Duration:

9. Please include copies of the latest audited financial statements.

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