

# FFI LEASING

## A P P L I C A T I O N

LESSEE NAME:

FEDERAL TAXPAYER ID NUMBER:

CONTACT NAME:

PHONE NUMBER:

### Insurance

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

### Vendor(s)

Please list all major material suppliers and contractors separately. Use an additional sheet if necessary.

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Description of Tower: \_\_\_\_\_

Description of Materials/Labor: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

(Attach Invoice, Bid Specifications, or Purchase Order)

Where will the tower be located (address)? \_\_\_\_\_

Is the tower replacing an existing tower?  Yes  No

How old is the tower being replaced? \_\_\_\_\_ years

If the tower is additional, please briefly describe the need. \_\_\_\_\_

Is a Board/Council meeting necessary for any other approvals? \_\_\_\_\_

If so, when is the next Board/Council meeting? \_\_\_\_\_

Is fire training required in your state?  Yes  No

If yes, how many hours per year? \_\_\_\_\_ Please provide any supporting documentation to this effect (i.e., certification).

Is the proposed building site owned by the department?  Yes  No

### Billing

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Special Billing Instructions: \_\_\_\_\_

### Attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Would you like us to send a courtesy sample of the documents for attorney review?

Yes  No



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