MUNICIPAL/FEDERAL LEASE QUOTE FORM

For a municipal/ federal equipment lease quote, please complete this form. To insure an accurate quote, please provide all necessary information. Fax completed form to Creekview Financial Group at: (469) 854-1603.

Quote needed by: _____ (date)
Quote requested by: ☐ Municipal Org. ☐ Federal Org. ☐ Equipment Supplier (Vendor)
Return Quote via: ☐ Email ☐ Fax

MUNICIPAL / FEDERAL ORG.	EQUIPMENT SUPPLIER (VENDOR)
Legal Name :	Legal Name :
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
Contact Person:	Contact Person:
Title:	Title:
Phone:	Phone:
Fax:	Fax:
Email Address:	Email Address:
Website:	Website:

EQUIPMENT DESCRIPTION	
Equipment Description:	Final Delivery Date:
	Total Cost of Equipment:
	Down Payment:
	Trade-In:
	Other Discount(s):
	Amount to Finance:

REQUESTED TERMS	
Length of Contract:	☐ _____Years ☐ _____Months
Payment Frequency:	☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
Payments Mode:	☐ Advance ☐ Arrears
Comments:	

Creekview Financial Group, LLC
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