

**Ford Motor Credit Company
Municipal Finance Application**

Legal Name of Municipality ("Lessee")	Department Using Equipment ("equipment")	Years in Operation										
Federal ID Number	County											
Street Address	City, State and Zip											
Billing Address (if different from above)	City, State and Zip											
Accounts Payable Contact Person:	Accounts Payable Phone Number											
How will equipment be used?	Does this equipment replace previous equipment? <input type="checkbox"/> Yes; replaces equipment purchased in _____ (year(s))											
How many units currently perform this function?	<input type="checkbox"/> No; explain _____ <i>If more space is needed, continue on additional sheet.</i>											
<p align="center">Breakdown of Vehicles in Fleet</p> <table border="0"> <tr> <td>Number of Vehicles in Fleet:</td> <td>Range of Model Year(s)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p><i>If more space is needed, continue on additional sheet.</i></p>	Number of Vehicles in Fleet:	Range of Model Year(s)	_____	_____	_____	_____	_____	_____	_____	_____	Public Liability Insurance coverage limits in the amount of \$1million or the State maximum (if lower) is required.	
	Number of Vehicles in Fleet:	Range of Model Year(s)										
	_____	_____										
	_____	_____										
	_____	_____										
_____	_____											
Self Insured: <input type="checkbox"/> No <input type="checkbox"/> Yes;		the Appropriated Loss Reserve Amount: \$ _____										
Name of Insurance Provider:												
Phone Number, including Area Code:												
General Liability Coverage Limits: \$ _____												
Source of funds for proposed payments:	Fiscal Year End:	Date of most recent Audited Financial Statement:										
<input type="checkbox"/> General Fund	Fund Balance:	Funds have been appropriated for the current year: <input type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> _____ Fund	\$ _____	Major source of revenue: _____										
	As of _____											
Bank Reference:	Bank Contact Name and Phone Number, including Area Code:											

CERTIFICATION

I am the duly appointed, qualified and acting _____ (Clerk or Secretary) of the Lessee and I certify as follows:

(1) Lessee did, at a meeting of the governing body of the Lessee held on _____, _____, by motion duly made, seconded and carried, in accordance with all requirements of law, approve and authorize the execution and delivery of the proposed Lease of the equipment on its behalf by the following representative of the Lessee.

Printed Name and Title of Authorized Official	Signature
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This signature line is to be signed by a person authorized by the governing body to execute the Lease on behalf of the Lessee.

(2) The meeting of the governing body of the Lessee at which the Lease was approved and authorized to be executed was duly called, regularly convened and attended throughout by the requisite majority of the members thereof or by other appropriate official approval and that the action approving the Lease and authorizing the execution thereof has not been altered or rescinded. The above-named representative of the Lessee held at the time of such authorization and holds at the present time the office set forth above.

(3) The above information is true and correct, to the best of my knowledge.

(Signature of Clerk or Secretary)

(Printed Name)

(SEAL) Dated _____, _____.

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

An executed Opinion of Counsel will be required for transactions totaling more than \$100,000.

Printed Name of Attorney for Lessee:	Attorney Phone and Fax Numbers, including Area Code:
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Revised September 2001

PLEASE NOTE: An ORIGINAL SEALED/NOTARIZED Municipal Finance Application is required when a transaction is \$100,000 or less AND there is no Opinion of Counsel provided. Please fax an advance copy to (313) 390-3783. Mail original to: Ford Motor Credit Co., PO Box 1739-MD 7500, Dearborn, MI 48121-1739; ATTN: Municipal Finance.

A COPY of the Municipal; Finance Application (MFA) is acceptable when an ORIGINAL executed Opinion of Counsel is provided. In this instance, the MFA does not need to be notarized and sealed. Please fax a copy to (313) 390-3783.