

Municipal Application

HEARTSTART

DEFIBRILLATORS

Lessee Information:

Legal Name and Address _____

Specific Department/Agency Name _____

Contact Name _____ Title _____

Phone No. _____ Fax No. _____

E-mail Address _____

Equipment Information:

Equipment Mfg/Supplier _____

Name and Address _____

Equipment Description _____

(Attach sales proposal or invoice for complete description)

Equipment Cost \$ _____ (please itemize)

Describe Essential Use _____

Installation Date _____

Repayment Information:

Term 24 Mos. 36 Mos. 48 Mos. 60 Mos.

Payment Frequency Monthly Quarterly Semi-Annual Annual

Requested Date of First Payment _____

Amount of Each Payment \$ _____ No. of Advance Payments _____

Special Structuring Needs _____

Please fax the completed application along with your Philips equipment quote to 800 – 890 – 0437.

Submitted by _____ Title _____

Signature _____

E-mail Address _____

Phone No. _____ Fax No. _____

Philips Representative _____ Phone No. _____

Cybox Capital Rep. Diane Thornton-Wallace Phone No. 817 – 599 – 7888

Comments: _____

Attachments: _____

COMPLETE & FAX TO:

CYBEX CAPITAL CORPORATION

501 Kings Highway East • Fairfield, CT 06825
Phone (774) 324 – 8080 • Fax (800) 890 – 0437