

Non Profit Customer Questionnaire

Property name: \_\_\_\_\_

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

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Questions**

*Thank you for taking the time to complete this questionnaire. Your answers will help us formulate a customized response to your expressed needs. We will contact you within 48 hours of receipt of this questionnaire and completed credit application.*

(1) Please help us understand your financing needs by checking the finance options of interest:  
 Term Loan     Leasing     Project Financing     Not Sure

(2) If you are interested in Leasing, please indicate your leasing preference:  
 Finance Lease     True/Tax Lease     Operating Lease     Not Sure

(3) For the proposed projects, please indicate, by checking the appropriate boxes, what your finance preferences are:  
 100% financing     We prefer to make a \_\_\_\_% down payment     Not Sure

(4) Existing Financing:  
(a) Does your organization own the facility?     Yes     No     Not Sure  
(b) Do you have a mortgage?     Yes     No     Not Sure  
    • If "yes", with whom? \_\_\_\_\_  
    • When is the balloon payment due, if any? \_\_\_\_\_  
(c) Has your organization ever issued tax-exempt bonds?     Yes     No     Not Sure  
(d) Has your organization ever entered into a tax-exempt lease?     Yes     No     Not Sure

(5) Who will be involved in making a finance decision? Please list their names and titles:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on other side)

(6) How often does the Board of Directors meet? \_\_\_\_\_

(7) If a decision is made to utilize financing arranged by the vendor, will a special meeting of the Board of Directors be required to approve this financing?  Yes  No  Not Sure

(8) Does your organization have a staff person who is in charge of grant writing?  Yes  
 No  Not Sure If yes, what is their name? \_\_\_\_\_

(9) In your opinion, if financing is not arranged by the vendor, will your organization proceed with the proposed installation?  Yes  No  Not Sure

(10) Comments and observations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

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