



## Lease Quote Request for **Leasing 2**

### DEALER INFORMATION:

Dealer Name  
Contact Name

  

Phone:

Fax:

Email:

  
  

### CUSTOMER INFORMATION:

Name for Proposal:  
Contact Name:

  

(If you want the contact name to appear on the proposal)

### EQUIPMENT INFORMATION:

General Description Make/Model:

Total Cost: \$

Down Payment: \$

Trade-In: \$

Net Financed: \$

Expected Order Date:

Expected Delivery Date:

### FINANCING INFORMATION

Desired Lease Terms (Years): 1  2  3  4  5  6  7

(Call if longer than seven)

Payment Frequency: Annual  Semi-annual  Quarterly  Monthly

Municipalities Preferred First Payment Date:

*The proposal returned to Vac-Con, Inc. will be as specific as the information provided. If there is information not available, free free to call us to determine the impact is could have on the reliability of the proposal.*

**Please print this completed form and fax to: 916-649-6481. For answers to any questions, give us a call at local: 916-922-1101, or toll-free: 888-484-9968.**

**THANK YOU FOR YOUR CONFIDENCE AND ASSISTANCE.**