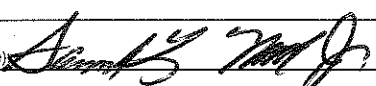


SMALL TICKET PROGRAM

Return completed application with required financial information.

Legal Name of Obligor: Nueces County		Fed. Tax ID #: 74-6000585	
Address: 901 Leopard Street, Room 303			
City: Corpus Christi	County: Nueces	State: Texas	Zip: 78401
Contact Person: Samuel L. Neal, Jr.		Title: County Judge	
Phone: (361) 888-0444		Fax: (361) 888-0445	
Email Address:		Alt Contact Email Address: elsa.saenz@co.nueces.tx.us	
Alternative Contact Person: Elsa Saenz		Title: Purchasing Agent	Phone: (361) 888-0426
Date municipal entity was established: 1846		Does the obligor self-insure for property & liability insurance? <input checked="" type="checkbox"/> yes	
Total Cost of Equipment/Project: \$		Term (years):	
*Down Payment: \$		Source of Down Payment :	
Trade In: \$	Payment Amount: \$		Delivery Date:
Other: \$	Payment Due:	<input type="checkbox"/> Advance	<input type="checkbox"/> Arrears
Amount to Finance: \$	Payments:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
*Obligor's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any contract proceeds, unless otherwise negotiated.			
Has the obligor paid, or does obligor intend to pay, a vendor for any portion of the equipment being financed with the intent of being reimbursed with proceeds from this financing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
How will the contract payments be made? <input type="checkbox"/> P-Card *Add'l Fees Will Apply* <input checked="" type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Other (specify)			
What fund will the remaining contract payments be made from? <input checked="" type="checkbox"/> General <input type="checkbox"/> Special (specify)			
Will any federal monies be applied to the contract payments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain.			
Equipment Description: RTL First Remittance System			
New Equipment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, list age of equipment or date manufactured:	
Refurbished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year:	
Replacement:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age of current equipment:	Year purchased:
If not a replacement, why is the equipment needed? new mail/deposit processing system			
Buyout Included:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of buyout included: \$ 1.00	
Soft Costs Included:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of soft costs included (shipping, software, and sales tax): \$ 34,250.00	
Physical location of equipment after delivery: 901 Leopard Street, Room 301			
Describe the essential use of the equipment: streamline property tax and motor vehicle registration payments			
Has the obligor ever defaulted or non-appropriated on a lease, bond, or legal obligation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Will the obligor issue more than \$10,000,000 in tax-exempt debt in this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the project a building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, who owns the land?			
What is the physical address of the new building/project? n/a			

Financial information required (for all funds):		
Fiscal Year End:	Current Year (Actual YTD)	Prior Year (Actual Not Budget)
Total Revenue:	\$ 41,399,469.00	\$ 104,600,083.00
Total Expenditures:	\$ 27,178,864.00	\$ 116,126,709.00
Net Income:	\$ 14,220,605.00	\$
Total Fund Balance:	\$ 65,810,678.00	\$
If the obligor's expenditures exceeded revenues for any one of the last three years, explain why and what measures were taken to correct the shortfall:		
Completed By (signature): 	Printed Name and Title: Samuel L. Neal, Jr.	Date: 3/1/13

- Additional financial information may be requested if deemed necessary during credit review.
- By signing this application Obligor representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand Obligee will retain this application whether or not it is approved. Obligee is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process."
- Please note that, depending on circumstances, we reserve the right to charge a reasonable fee to the Obligor/broker, if this transaction is not funded. This fee is for expenses incurred and services performed related to the processing of the transaction. This fee will NOT be charged if the transaction is funded by Obligee.



NUECES COUNTY RISK MANAGEMENT

Lance C. Esswein
Risk Manager

November 27, 2012

To Whom It May Concern:

This is notification that Nueces County is covered under the following insurance programs:

1. Workers Compensation for all Nueces County employees under the Texas Association of Counties from 10/1/2012 to 9/30/2013.
2. General Liability – Nueces County is self insured for General Liability
3. Vehicle Liability – Nueces County is covered for Auto Liability for all County owned vehicles from 10/1/2012 through 9/30/2013 for Liability = \$100,000 and Property Damage = \$100,000/\$300,000. Nueces County is self-insured for Comprehensive.

Should any questions arise regarding this matter, please call me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance C. Esswein", with a long, sweeping flourish extending to the right.

Lance C. Esswein
Risk Manager