



ARKANSAS DEVELOPMENT FINANCE AUTHORITY

APPLICATION FOR CONDUIT ISSUES

Date: _____

Borrower: _____

Address: _____

City: _____ State: _____ ZIP: _____

Project Location: _____

Phone: _____ Fax: _____

Contact person: _____

Email: _____

Type of Entity: _____
(Private, Non Profit, Governmental, etc.)

Amount to be Financed: _____

Purpose of Financing: _____

Proposed Structure: _____

****Please attach to this Application a Distribution List detailing the Professionals that will be involved in the transaction (i.e. Bond Counsel, Underwriter, Trustee, etc.). Also, please attach any appropriate disclosure letters including G-17 letters.*****