



MAZAK CAPITAL EQUIPMENT FINANCING / EQUIPMENT FINANCING APPLICATION

E-mail: financing@mazakcorp.com Fax: (859) 342-1502 Phone: (859) 342-1311

COMPANY LEGAL NAME:*				DATE:*		E-MAIL:*	
ADDRESS:*				COUNTY:		PHONE #:	
CITY:*			STATE / PROVINCE:*		POSTAL CODE:*		FAX #:
NATURE OF BUSINESS: Manufacturing			STATE OR PROVINCE OF INCORPORATION:*			TAX ID. OR BIN #:	
			STATE ISSUED CHARTER OR ORGANIZATION ID #			CHECK CORRECT BOX:	
IN BUSINESS SINCE:*		# EMPLOYEES:	SQ. FT. OF FACILITY:	# OF CNC PIECES IN SHOP:	ANNUAL SALES:	DOLLAR BACKLOG:	☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION
NAME OF PRINCIPAL:			LEGAL RESIDENCE INCLUDING ZIP CODE:		OWNERSHIP %:	TITLE:	SOCIAL SECURITY NUMBER:
EQUIPMENT LOCATION: SAME AS ABOVE ADDRESS: ☐ YES ☐ NO				IF NO, OTHER ADDRESS:			
REASON FOR PURCHASE:							
REPLACING EXISTING EQUIPMENT: ☐ YES ☐ NO		NEW EQUIPMENT FOR BUSINESS EXPANSION: ☐ YES ☐ NO			MAZAK MODEL:		
BUSINESS REFERENCE:							
BANK:			BRANCH:		PHONE:		DEPOSIT ACCT. NO.:
LOANS:			BRANCH:		PHONE:		ACCOUNT NO.:
LOANS:			BRANCH:		PHONE:		ACCOUNT NO.:
TRADE REFERENCE / MAJOR SUPPLIERS:					CITY / STATE:		PHONE:
TRADE REFERENCE / MAJOR SUPPLIERS:					CITY / STATE:		PHONE:
FINANCING INFORMATION:					MAJOR CUSTOMERS:		
SELLING PRICE:	RENT OR OWN BUILDING?*			NAME:		% OF BUSINESS:	# OF YEARS:
TAX:	LANDLORD NAME:			NAME:		% OF BUSINESS:	# OF YEARS:
DOWN PAYMENT:	LANDLORD ADDRESS:			NAME:		% OF BUSINESS:	# OF YEARS:
TOTAL TO BE FINANCED:	CHECK ONE: ☐ \$1.00 PO LEASE ☐ LOAN ☐ FMV LEASE			NAME:		% OF BUSINESS:	# OF YEARS:
30 OR 90 DAYS TO 1ST PAYMENT?	REQUESTED MONTHLY TERM (CHECK ONE): ☐ 36 ☐ 48 ☐ 60 ☐ OTHER:			NAME:		% OF BUSINESS:	# OF YEARS:
COMMENTS:							

"MAZAK CUSTOMER FINANCING AND ITS AGENTS ARE AUTHORIZED TO: (1) OBTAIN CREDIT AND COLLECTIONS INFORMATION ABOUT THE COMPANY AND ITS PRINCIPALS: (2) SHARE CREDIT INFORMATION WITH ANY PERSONS OR ENTITIES AS MAY BE APPROPRIATE. ALL THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT."

SIGNATURE: X _____

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THE UNDERSIGNED INDIVIDUAL(S) WHO IS EITHER A PRINCIPAL, SOLE PROPRIETOR, OR PERSONAL GUARANTOR OF THE CREDIT APPLICANT, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT OR IN THE EVALUATION OF HIS OR HER PERSONAL GUARANTY, IF APPLICABLE, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT WHICH MAY INCLUDE A CRIMINAL BACKGROUND CHECK ON THE UNDERSIGNED INDIVIDUAL(S) BY THE ABOVE NAMED BUSINESS CREDIT GRANTOR, FROM TIME TO TIME AS MAY BE NEEDED, IN THE INITIAL CREDIT EVALUATION AND SUBSEQUENT REVIEW PROCESSES.

Name (Print): _____

Name (Print): _____

Signature: _____

Signature: _____

Capacity: ☐ Principal ☐ Proprietor ☐ Personal Guarantor

Capacity: ☐ Principal ☐ Proprietor ☐ Personal Guarantor

NOTICE TO CREDIT APPLICANTS: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial if such statement is requested in writing within 60 days from the date you are notified of the denial decision. To obtain the statement, please contact us at 8025 Production Drive, Florence, KY 41042 or call (859) 342-1311. We will send you a written statement of reasons for the denial within 30 days of receiving your request. Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C.