



## MAZAK CORPORATION CUSTOMER FINANCING / EQUIPMENT FINANCING APPLICATION

Email: [financing@mazakcorp.com](mailto:financing@mazakcorp.com) Fax: (859) 342-1502 Phone: (859) 342-1311

COMPANY CONTACT INFORMATION			
Company Legal Name*			Date
Street Number*	Street Name*	Street Suffix	Street Address Line 2
City*	Federal or Provincial Incorporation?	Province/Incorporation*	Postal Code*
Phone*	Ext.	Fax	

APPLICATION CONTACT INFORMATION			
First Name*	Last Name*	Title*	Email*
Primary Phone*	Ext.	Secondary Phone	Ext.

COMPANY INFORMATION			
Nature of Business/Primary Industry Served*	State/Province of Incorporation*	TAX ID or BN#*	Current Ownership Since
In Business Since*	# of Employees*	Sq. Ft. of Facility	# of CNC Machines in Shop
Annual Sales Dollars*	Order Backlog in Dollars	Business Type* <input type="checkbox"/> Standard Corporation <input type="checkbox"/> Subchapter S Corp <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship	
Company Website			

PRINCIPAL(S) / OWNER(S)					
<b>PRINCIPAL/OWNER 1</b>					
First Name*	Middle Name	Last Name	Title*	Social Security Number (Voluntary)	Ownership %
<b>RESIDENTIAL ADDRESS OF PRIMARY/OWNER</b>					
Street Number	Street Name		Street Suffix	Street Address Line 2	
City	State/Province		Postal Code		
<b>PRINCIPAL/OWNER 2</b>					
First Name*	Middle Name	Last Name	Title*	Social Security Number (Voluntary)	Ownership %
<b>RESIDENTIAL ADDRESS OF PRIMARY/OWNER</b>					
Street Number	Street Name		Street Suffix	Street Address Line 2	
City	State/Province		Postal Code		
<b>PRINCIPAL/OWNER 3</b>					
First Name*	Middle Name	Last Name	Title*	Social Security Number (Voluntary)	Ownership %
<b>RESIDENTIAL ADDRESS OF PRIMARY/OWNER</b>					
Street Number	Street Name		Street Suffix	Street Address Line 2	
City	State/Province		Postal Code		

EQUIPMENT	
Description of equipment to finance	
Sales Representative	

EQUIPMENT LOCATION			
<input type="checkbox"/> Same as Company Address		<input type="checkbox"/> Undetermined	
Street Number*	Street Name*	Street Suffix	Street Address Line 2
City*	State/Province*	Post Code*	
Reason for Purchase*		If Other	
<input type="checkbox"/> Replacing Existing Equipment <input type="checkbox"/> New Equipment needed for Business Expansion <input type="checkbox"/> Other			

BUSINESS CREDIT REFERENCE				
REFERENCE 1				
Bank/Lender	Contact Name	Contact Phone	Ext.	Contact Email
Financing Type		Original Financing Amount (Optional)		
<input type="checkbox"/> Equipment Loan or Lease <input type="checkbox"/> Line of Credit <input type="checkbox"/> Real Estate Financing <input type="checkbox"/> Other		<input type="checkbox"/> \$0 - 100,000 <input type="checkbox"/> \$100,001 - 200,000 <input type="checkbox"/> \$200,001 - 300,000 <input type="checkbox"/> \$300,001 - 400,000 <input type="checkbox"/> \$400,001 or more		
REFERENCE 2				
Bank/Lender	Contact Name	Contact Phone	Ext.	Contact Email
Financing Type		Original Financing Amount (Optional)		
<input type="checkbox"/> Equipment Loan or Lease <input type="checkbox"/> Line of Credit <input type="checkbox"/> Real Estate Financing <input type="checkbox"/> Other		<input type="checkbox"/> \$0 - 100,000 <input type="checkbox"/> \$100,001 - 200,000 <input type="checkbox"/> \$200,001 - 300,000 <input type="checkbox"/> \$300,001 - 400,000 <input type="checkbox"/> \$400,001 or more		
REFERENCE 3				
Bank/Lender	Contact Name	Contact Phone	Ext.	Contact Email
Financing Type		Original Financing Amount (Optional)		
<input type="checkbox"/> Equipment Loan or Lease <input type="checkbox"/> Line of Credit <input type="checkbox"/> Real Estate Financing <input type="checkbox"/> Other		<input type="checkbox"/> \$0 - 100,000 <input type="checkbox"/> \$100,001 - 200,000 <input type="checkbox"/> \$200,001 - 300,000 <input type="checkbox"/> \$300,001 - 400,000 <input type="checkbox"/> \$400,001 or more		

EQUIPMENT FINANCING INFORMATION			
Rent or Own Building*		Landlord Name	Landlord Address
<input type="checkbox"/> Rent from unrelated company <input type="checkbox"/> Rent from a related company <input type="checkbox"/> Own			
Equipment Sales Price*	Down Payment*	Total to be Financed or Leased*	
Sales Tax* <input type="checkbox"/> Tax Exempt - an exemption certificate will be required. <input type="checkbox"/> Company will pay sales tax separately, instead of including in Total to be Financed or Leased <input type="checkbox"/> Company would like to include sales tax in the Total to be Financed <input type="checkbox"/> Company would like to pay sales on the lease payments, if allowed in State/Province <input type="checkbox"/> No Sales Tax is applicable in State <input type="checkbox"/> Other			
Lease/Loan Type*	Days Until 1st Payment*	Requested Monthly Term*	If Other
<input type="checkbox"/> \$1.00 PO Lease <input type="checkbox"/> FMW Lease <input type="checkbox"/> Loan	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120	<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other	

MAJOR CUSTOMERS (Please list 5)		
This information is to show sales concentration so that we can better understand your business. We do not contact your customers.		
Customer Name	Years as Customer	% of Business
Customer Name	Years as Customer	% of Business
Customer Name	Years as Customer	% of Business
Customer Name	Years as Customer	% of Business
Customer Name	Years as Customer	% of Business

ADDITIONAL
Comments on financing terms, reason for machine purchase – any new contracts, and anything else we should know about your application.

Electronic Signature of Applicant (Capacity: Corporate Officer, Principal or Proprietor)		
Digital Signature*	Title/Capacity*	Date*
THE UNDERSIGNED INDIVIDUAL(S) WHO IS EITHER A PRINCIPAL 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 ON THE UNDERSIGNED INDIVIDUAL(S) BY THE ABOVE NAMED BUSINESS CREDIT GRANTOR AND ITS POTENTIAL AGENTS AND ASSIGNS, FROM TIME TO TIME AS MAY BE NEEDED, IN THE INITIAL CREDIT EVALUATION AND SUBSEQUENT REVIEW PROCESSES.		
Electronic Signature of Principal/Owner 1 (Capacity: Corporate Officer, Principal or Proprietor)		
Principal Signature*	Title/Capacity*	Date*
Electronic Signature of Principal/Owner 2 (Capacity: Corporate Officer, Principal or Proprietor)		
Principal Signature*	Title/Capacity*	Date*

Mazak Customer Financing collects, uses and discloses personal information about the individual credit history of the principal, sole proprietor, or personal guarantor of the credit applicant, in order to evaluate the credit history of the applicant or to evaluate the individual's personal guarantee. At any time during the application, and on an ongoing basis thereafter, the personal information provided may be used to: verify the information provided, assess your credit worthiness, obtain a consumer credit report (which may include a criminal background check), establish credit and hold limits, maintain our client relationship, and provide you with other products and services offered or approved by us, our affiliates, related entities or other third party financial partners.

In the course of providing credit financing services to you, we (and our third party service providers) may disclose your personal information to, and receive your personal information from: consumer reporting agencies, credit bureaus, collection agencies, your present and past financial institutions, business and trade references, vendors and customers, landlords and tenants, or any third parties who have information about your financial status, potential purchasers of our business and their advisors, and any third party service providers to whom we may outsource our business and credit functions including third party lenders from whom we obtain financing on your behalf. Mazak Customer Financing and its third party service providers are located in the United States and Canada, and while your personal information resides in the United States it may be accessible to law enforcement and other authorities pursuant to specific lawful requests for information.

By signing this form, you consent and authorize us to collect, use and disclose your personal information at any time during the application, and on an on-going basis thereafter in the initial credit evaluation and subsequent review process, for the foregoing purposes.

For Canadian individual principals, sole proprietors, or personal guarantors, you understand that the provision of your Social Insurance Number ("SIN") is optional and that the processing of your credit application is not conditional on providing you SIN. You understand that choosing not to provide your SIN is likely to increase the time required to process the credit application and may result in Mazak Customer Financing and its third party service providers not receiving current and accurate information about your credit rating.

For more information, see our Privacy Statement or contact us at (800) 668 5449 (for Canada only) or in USA the Toll Free Number: (877) 634-5521 or email us at [mccgroup@mazakcorp.com](mailto:mccgroup@mazakcorp.com).