

MAZAK CORPORATION / MACHINE FINANCING APPLICATION

PHONE - 859-342-1718 FAX - 859-342-1502

9/20/2005

COMPANY LEGAL NAME		DATE		E-MAIL	
ADDRESS		COUNTY		PHONE#	
CITY		STATE		ZIP CODE	
CITY		STATE		ZIP CODE	
NATURE OF BUSINESS		REQUIRED FIELDS: STATE OF INCORPORATION		AND FEDERAL ID.#:	
		STATE ISSUED CHARTER OR ORGANIZATION ID #			
IN BUSINESS SINCE	# OF EMPLOYEES	SQ. FT. OF FACILITY	# OF CNC PIECES IN SHOP	DOLLAR BACKLOG	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION

NAME OF PRINCIPAL	LEGAL RESIDENCE	ZIP CODE	TITLE	SOCIAL SECURITY NUMBER

DESCRIPTION OF EQUIPMENT TO BE FINANCED NEW USED

REASON FOR PURCHASE:

REPLACING EXISTING EQUIPMENT _____ NEW EQUIPMENT NEEDED FOR BUSINESS EXPANSION _____ OTHER _____

BUSINESS REFERENCE

BANK	BRANCH	PHONE	DEPOSIT ACCT. NO.
LOANS	BRANCH	PHONE	ACCOUNT NO.
BANK	BRANCH	PHONE	DEPOSIT ACCT. NO.
LOANS	BRANCH	PHONE	ACCOUNT NO.

TRADE REFERENCE / MAJOR SUPPLIERS	CITY/STATE	PHONE

FINANCING INFORMATION

MAJOR CUSTOMERS

SELLING PRICE:	NAME:	% of Your Sales	PHONE: ()	CONTACT PERSON:
TAX:				
DOWN PAYMENT:				
TOTAL TO BE FINANCED:	LEASE OR PURCHASE?			
RATE:	30 OR 90 DAYS TILL FIRST PAYMENT?			

MAZAK CORPORATION 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: _____

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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 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

circle

circle

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 859-342-1718. 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.