



MAZAK CORPORATION CUSTOMER FINANCING / EQUIPMENT FINANCING APPLICATION

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COMPANY CONTACT INFORMATION			
Company Legal Name*			Date
Street Number*	Street Name*	Street Suffix	Street Address Line 2
City*	State/Province*	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)					
PRINCIPAL/OWNER 1					
First Name*	Middle Name	Last Name	Title*	Social Security Number	Ownership %
RESIDENTIAL ADDRESS OF PRIMARY/OWNER					
Street Number	Street Name	Street Suffix	Street Address Line 2		
City	State/Province	Postal Code			
PRINCIPAL/OWNER 2					
First Name*	Middle Name	Last Name	Title*	Social Security Number	Ownership %
RESIDENTIAL ADDRESS OF PRIMARY/OWNER					
Street Number	Street Name	Street Suffix	Street Address Line 2		
City	State/Province	Postal Code			
PRINCIPAL/OWNER 3					
First Name*	Middle Name	Last Name	Title*	Social Security Number	Ownership %
RESIDENTIAL ADDRESS OF PRIMARY/OWNER					
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	
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	
<input type="checkbox"/> Rent from unrelated company <input type="checkbox"/> Rent from a related company <input type="checkbox"/> Own		Landlord Address	
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*	
<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	
		Requested Monthly Term*	
		<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other	
		If 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*

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 MCC Credit Group, ATTN: MCC Department, P.O. Box 970, Florence, KY 41022-0970 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: In the U.S.A., 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.