

Amount Requested: \$		Equipment:	
CUSTOMER INFORMATION			
Legal Business Name:		Phone:	Fax:
DBA (if applicable)	Street	City	State Zip
Contact Name	Contact E-mail	Date Business Started (yyyy)	Current Ownership Since (yyyy) No. of Employees
Fed Tax ID#	Annual Revenue (\$)	Company Website	
Top 5 Customers – Name			
Customer #1	Customer #2	Customer #3	Customer #4 Customer #5
Customer #1 Annual Volume	Customer #2 Annual Volume	Customer #3 Annual Volume	Customer #4 Annual Volume Customer #5 Annual Volume
Business Type: (drop down list) (choose)			
OWNERSHIP INFORMATION			
Name	Title	% Ownership	Home Phone No.
Home Address / City / State / Zip			Social Security No.
Name	Title	% Ownership	Home Phone No.
Home Address / City / State / Zip			Social Security No.
REFERENCE INFORMATION			
Bank #1 Name	Account No.	Contact	Phone No. Fax No.
Equipment Finance Reference	Account No.	Contact	Phone No. Fax No.
Equipment Finance Reference	Account No.	Contact	Phone No. Fax No.
EQUIPMENT INFORMATION			
Equipment Location: <input type="checkbox"/> Check Here If Same As Business Address Listed Above. <input type="checkbox"/> Other:			County
Equipment Quantity	Equipment Model	Equipment Serial No.	Expected Delivery Date (mm/dd/yyyy) Equipment Status <input type="checkbox"/> New <input type="checkbox"/> Used
Please Describe If This Equipment Is For Expansion Or To Replace Existing Equipment & Intended Uses:			
FINANCE STRUCTURE			
Equipment Cost:		Contract Term:	
Down Payment / Trade In:		Advance Rental Payments:	
Finance Amount:		Structure: (drop down list)	(choose)
Special Considerations:			

APPLICANT HEREBY AUTHORIZES MAKINO, INC. AND ITS AGENTS (1) TO OBTAIN MORE CREDIT INFORMATION ABOUT THE COMPANY AND ITS PRINCIPLES AND TO MAKE INQUIRIES IN CONNECTION WITH THIS APPLICATION; (2) TO SHARE CREDIT INFORMATION WITH MAKINO AFFILIATES AND AGENTS AS WELL AS, APPLICANTS OTHER CREDITORS, BUREAUS AND PERSONS WHO HAVE OR EXPECT TO HAVE FINANCIAL DEALINGS WITH THE APPLICANT OR ITS PRINCIPALS NAMED ABOVE; (3) TO SHARE COLLECTION INFORMATION WITH APPLICANTS OTHER CREDITORS. ALL THE INFORMATION IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT. THE PERSONS SIGNING BELOW ON BEHALF OF APPLICANT ARE AUTHORIZED TO MAKE THIS APPLICATION ON ITS BEHALF AND AGREE TO THE FOREGOING.

X _____
Signature

Signer's Print Name

Date

X _____
Signature

Signer's Print Name

Date

Please forward the signed document to William.Schwanki@Makino.com or Todd.Schemmel@Makino.com, or fax to 513-573-4565