



Stimulus Package

**BUY NOW & make
NO PAYMENTS
for 6 MONTHS**

To help enable U.S. manufacturers to position themselves favorably for the economic recovery, KSI has partnered with MFS to offer a...

6-Month Skip Payment Program



PROGRAM GUIDELINES:

- First payment of 10% due in advance
- Next payment due 180 days after installation
- Customer makes advance payment plus sixty additional payments
- Purchase Option: \$1.00

* Offer subject to MFS approval. See credit application on the reverse side.



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**MANUFACTURERS FINANCING SERVICES
 CREDIT APPLICATION**

Company Name _____ Organized as: Sole Proprietorship (*Copy of Drivers License Required*)
 Billing Address _____ Partnership
 City _____ State _____ Zip _____ Standard Corporation
 County _____ Sub Chapter S Corporation
 Contact Person _____ Limited Liability Corporation (*Copy of Articles of Organization and LLC Agreement Required*)
 Phone Number _____
 Fax Number _____ If Corporation, when does fiscal year end? _____
 E-Mail Address _____ Name of Corporate Secretary: _____
 Equipment Address same as Billing Address above? Yes No If different from above, please provide: _____

OWNER INFORMATION: (If more than two owners, please submit the additional owner information on a blank piece of paper)

Name _____ Name _____
 Home Address _____ Home Address _____
 SSN: _____ % of Ownership: _____ SSN: _____ % of Ownership: _____
 Title _____ Title _____

BANK AND EQUIPMENT LENDER INFORMATION:

| Name of Bank / Name of Lender | Checking Account# | Loan Account# | Phone Number | Contact Person | Monthly Payment |
|-------------------------------|-------------------|---------------|--------------|----------------|-----------------|
| | | | | | |
| | | | | | |

TRADE REFERENCES: (Material Suppliers, Tooling Suppliers, etc.)

| Name of Reference | Account# | Phone Number | Person to Contact |
|-------------------|----------|--------------|-------------------|
| | | | |
| | | | |

CUSTOMER REFERENCES:

| Name of Reference | Phone Number | Person to Contact | Customer for How Many Years? |
|-------------------|--------------|-------------------|------------------------------|
| | | | |
| | | | |

Landlord's Name, Address, Phone#: _____
 (*Equipment financed must be insured during the term of the lease/loan*)

Commercial Insurance Agent's Name, Address, Phone#: _____

How long have you been in business? _____ Federal Tax ID#: _____

Annual Sales: _____

Backlog of Orders Currently In-house (in dollar value): _____

TYPE OF EQUIPMENT BEING PURCHASED: Builder and Model#: _____

Purchase Price: _____ Type of Financing Requested: Lease Loan

How much of a down payment would you like to provide? _____

By my signature below, I hereby authorize any of the above references to release any credit information requested by Manufacturers Financing Services and its Agents/Assigns or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau.

Date: _____ Signed By: _____ Title: _____

Date: _____ Signed By: _____ Title: _____

Please forward application to FAX number: (877) 942-2657