



A Division of Five Lakes Financial, Inc.

NO PAYMENTS FOR 5 MONTHS WITH 5% DOWN*

Special Financing. Contact your Local Dealer for Details.

Mycenter-3XD

Vertical Machining Center

SUPER COMPACT 8'x7' Footprint

Powerful 35HP - 40 Taper - 30" x 20" VMC



Standard 12,000rpm spindle delivers unparalleled cutting performance on a wide range of materials.

- Stiff, Cast C-Frame Construction
- Heavy Duty Cross Roller Linear Guide Ways
- Highly Rigid, 12,000rpm High Performance Spindle
- Convenient and Efficient Chip Discharge
- Feature Rich, High Speed Processing
 Arumatik-Jr Control



Kitamura Quality at an Extremely Affordable Price Point!

PRECISE • RELIABLE • DURABLE



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FINANCIAL SERVICES Fax Ar

CREDIT APPLICATION

Please call **414.224.0220**

Fax Application to 414.224.0244

GENERAL INFORMATION Legal Business Name ______ Date _____ Address City State Zin

Address		City	State	Zip	
Phone #	Fax #			Tax Exempt (Y/N):	
Website Address					
Description of Business		Years in Business		Current Ownership Since	
Prior Year Gross Annual Sales	\$	Projected Gross Annual Sale:	5 \$		
Business Structure (Corp., S-Corp., LLC, etc.)			No. of Employees		

PROGRAM

Term Monthly Payment Product (Loan, \$1 Buyout Lease, FMV, or Rental) Equipment Description Equipment Location (address) Reason for Equipment Purchase Equipment Vendor Vendor Funding Terms Business Bank Acct Insurance Information Contact Acct # Contact Phone # Fax # Phone #	Equipment Cost	Down Payment	Amount Financed	
Equipment Location (address)	Term	Monthly Payment	Product (Loan, \$1 Buyout Lease, FMV, or Rental)	
Reason for Equipment Purchase Vendor Funding Terms Business Bank Acct Acct # Contact Contact Acct # Contact	Equipment Descriptio	n		
Equipment Vendor Vendor Funding Terms	Equipment Location (a	address)		
Business Bank Acct Insurance Information Contact Acct # Contact	Reason for Equipment	t Purchase		
Contact Acct # Contact	Equipment Vendor		Vendor Funding Terms	
	Business Bank Acct		Insurance Information	
Phone # Fax # Phone #	Contact	Acct #	Contact	
	Phone #	Fax #	Phone #	

PRINCIPALS

Name/Title	Name/Title	
Email	Email	
S.S.# DOB	S.S.# DOB	
Address	Address	
City/State/Zip	City/State/Zip	
Ownership %	Ownership %	

CREDIT BUREAU

The information contained on this application, together with any accompanying application, financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true and correct and I have not omitted or failed to include material information relevant to the credit application. Each of the undersigned authorizes Tech Financial Services or it's assigns to conduct inquiries regarding the undersigned's business operations and individual and business credit histories as it may deem necessary including without limitation, requesting credit bureau reports, contacting banks, secured lenders, lessors and trade creditors for references and for information on Bank Accounts, Loan or Leases.

Signature	Title
Signature	Title

www.techfin.net

CORPORATE HEADQUARTERS

840 North 3rd Street, Suite 500 Milwaukee, WI 53203 Phone: 414.224.0220 Fax: 414.224.0244 Mark Charlton 414-224-0242 markc@techfin.net Mertztown, PA Matt Coblentz 610.682.1089 mattc@techfin.net Denver, CO Chris Frans 402.639.0475 414.224.0209 chrisf@techfin.net Cincinnati, OH Matt Borman 513.233.2138 mattb@techfin.net