



CREATIVE LIGHT

EIZO

INDURO

MAMIYA

POCKETWIZARD

PROFOTO

SEKONIC

TENBA

TOYO-VIEW

X-RITE

BENRO

MAC Group Financing

Company Information

Name: _____

Phone: _____ Fax: _____

Federal Tax ID #: _____ Years in business: _____

Address: _____

City: _____ State: _____ ZIP: _____

Bank: _____ Account #: _____

Bank Contact: _____ Phone: _____

Request Amount: \$ _____

Owner Information

Name #1: _____ %: _____

Title: _____ Soc. Sec. #: _____

Home Address: _____ own/rent

_____ Phone: _____

Name #2: _____ %: _____

Title: _____ Soc. Sec. #: _____

Home Address: _____ own/rent

_____ Phone: _____

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. I/We hereby authorize EquiCapital to investigate (directly or through an agent or nominee) my/our credit and financial responsibility. I/we understand that such investigation may include seeking information as to the background, credit and financial responsibility of officers and principals (or any of them).

Signature #1: _____ Date _____

Email: _____

Signature #2: _____ Date _____

Email: _____

Fax to 866.515.2521. Please also fax the equipment quote from your MAC Group Dealer.

For details on the program call 866.515.2520 ext. 5113, 5123 or email info@MACGroupFinancing.com.

Program provided by equicapital inc. Vendor Finance Group.