

# Credit Application

## CNC Associates, Inc.

Haas Automation Financing  
2900 Challenger Place, Oxnard, CA 93030  
Telephone (888) 350-4262

Today's Date \_\_\_\_\_

Company Name (Applicant) \_\_\_\_\_

In business since (Date) \_\_\_\_\_ Current Ownership Since (Date) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Equip Install Address if different from above \_\_\_\_\_

Do you own, lease, or sublease space at this location? \_\_\_\_\_

Proprietorship \_\_\_\_\_ L.L.C. \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Contact Person Name and Title \_\_\_\_\_ Email Address \_\_\_\_\_

Is this your first Haas Machine? Yes \_\_\_ No \_\_\_ Have you applied with CNCA before? Yes (Cust # \_\_\_\_\_) No \_\_\_

Please provide the following information and signature for each owner/officer. Attach additional pages if necessary.

Name and Title _____
Email address _____
Home Address _____
City _____ State _____ Zip _____
Social Security Number _____

Name and Title _____
Email address _____
Home Address _____
City _____ State _____ Zip _____
Social Security Number _____

### Machine to be Financed:

Haas Machine Model \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_ (Check One)

Equipment Cost \_\_\_\_\_ HFO Sales Rep Name \_\_\_\_\_

Desired Term (months): 12 / 24 / 36 / 48 \_\_\_\_\_ Down Payment Amount \_\_\_\_\_ Deposit given to Dealer \_\_\_\_\_

### Authorization for Release of Credit Information

I/we hereby authorize release of any and all credit information to CNC Associates, Inc., its designees, assigns or potential assigns that, in its sole discretion, CNC Associates, Inc., deems necessary to process this application for credit. I/we affirm that all financial and other information I/we have provided with regard to this application is true and correct as of the day I/we provided it. The person signing below on behalf of Applicant is authorized to make this Application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing CNC Associates, Inc. and its agents to obtain credit reports on them.

X \_\_\_\_\_ Title \_\_\_\_\_

X \_\_\_\_\_ Title \_\_\_\_\_

Scan and email your completed/signed credit application to Rachel Juarez (rjuarez@haascnc.com). For additional information call (888) 350-4262 or visit us online at www.cncassoc.com