

EQUIPMENT FINANCING PLANS.

Easy Pay

First and Last as Security Deposit

- Payments: Monthly payments.
- Security Deposit: Two-payment security deposit.
- End of Term: Simply surrender the security deposit to own the equipment.
- Rate Factors: Multiplied by total cost to calculate monthly payment.
- No Documentation Fee and No Application Fee.

Term	Rate Factors
24 Months	.0487
36 Months	.0344
48 Months	.0276
60 Months	.0237

3-Year Example

\$10,000	X	.0344	=	\$344.00 / mo.
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Deposit: \$688.34 remaining payments. Deposit may be surrendered as full payment for the equipment. Start to finish, 36 total payments.

Your Numbers

\$	X		=	\$	/ mo.
Equipment Cost		Rate Factor From Chart		Monthly Payment	

12 Plus 1 Plan

13 Monthly Payments

- Payments: Calculated by dividing the equipment cost by 12.
- Security Deposit: Equal to one payment is due up front, then pay 12 regular monthly payments.
- End of Term: Simply surrender the security deposit to own the equipment.
- No Documentation Fee and No Application Fee.

Example

\$10,000	÷12	=	\$833.33 / mo.
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Deposit up front: \$833.33, then 12 monthly payments of \$833.33.

Your Numbers

\$	÷12	=	\$	/ mo.
Equipment Cost			Deposit and Monthly Payment Amount	

How to Apply for Financing

- Fax Completed Credit Application (see reverse side).
- Contact KLS Customer Service for a tailored plan or more information.

Fax this completed application to (844) 727-9301. Call (844) 727-9300 more information.

All plans are subject to qualified credit and taxes. Rates are subject to change by lessor. Available in the continental U.S. only. (blue 11/08)
Plan offered through KLS Equipment Leasing: PO Box 71397, Des Moines, IA 50325.

KÄRCHER

makes a difference

CREDIT APPLICATION.

Program

Distributor _____ Salesperson _____ Cell _____
 Sales Price _____ with Tax without Tax
 Term _____ Comments _____
 Easy Pay Plan 12 + 1 Plan Promo _____ Other (Buy Out) _____
 Paid Up Front # _____ Other _____
 Equipment _____

Business

Business Name _____ Fed ID # _____
 Address _____ City, State, Zip, County _____
 Billing Contact Name _____ Phone _____ Email _____
 Proprietorship Partnership Corporation LLC Other
 Nature of Business _____
 Number of Employees Full-time _____ Part-time _____
 Years in Business _____ Years Under Current Management _____

Bank

Bank References | Account Numbers _____ Contact _____
 Phone _____ City, State _____
 Bank References | Account Numbers _____ Contact _____
 Phone _____ City, State _____

Principal

All Principals, Officers and Stockholders Over 10%	% of Ownership	Title	Social Security Number	Date of Birth	Home Address Street, City, State, Zip
_____	_____	_____	_____	_____	_____

Authorization

I authorize release of any credit or financial information to KLS Equipment Leasing or its assigns.

Authorized Signature _____ Date _____

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