LANDA®

Equipment Financing Plans

We make it easy to own your new equipment through flexible financing.

EASY PAY

FINANCING PLAN

- First and last payments 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	.0492		
36 Months	.0349		
48 Months	.0282		
60 Months	.0243		

3-YEAR EXAMPLE

*10,000 x .0349 = *349.00 Equipment Price 36-Month Rate Monthly Payment

\$698.00 deposit may be surrendered as full payment for the equipment. Start to finish: 36 total payments. (blue 09/25)

YOUR TERMS						
 Equipment Price	×	 36-Month Rate	=	 Monthly Payment		

12 + 1

FINANCING 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



YOUR TERMS							
Equipment Price	÷ 12 =	Deposit + Mo. Payment					



Apply Now

Scan Code
Apply online in under 10 minutes

Fax (844) 727-9301 Credit Application on page 2

Call (844) 727-9300 Get a tailored KLS financing plan

CREDIT APPLICATION



PROGRAM							
DISTRIBUTOR		SALESPERSON		CELL	CELL		
SALES PRICE							
SALES PRICE		□ Тах	(Included	□та	ax Not Included		
TERM		COMMENTS					
FINANCING PLAN							
☐ Easy Pay Plan	☐ 12 + 1 Plan	☐ Promo		Other	er		
PAID UPFRONT #				OTHER	OTHER		
EQUIPMENT							
EQUIPMENT							
BUSINESS NAME	BUSINESS				FED ID#		
					. 25 .5		
STREET ADDRESS		CITY		STATE	ZIP CODE		
BILLING CONTACT NAME		PHONE NUMBER		EMAIL ADDRESS	EMAIL ADDRESS		
BUSINESS TYPE Proprietorship	☐ Partnership	□ Corporation	☐ LLC	Other			
BUSINESS NAME		# OF EMPLOYEES (FULL-TIM			# OF EMPLOYEES (PART-TIME)		
			_,		···· _ ,		
YEARS IN BUSINESS			YEARS UNDER CURRENT	EARS UNDER CURRENT MANAGEMENT			
BANK REFEREN	CE		-				
ACCOUNT NUMBER(S)				CONTACT			
PHONE		CITY		STATE	STATE		
ACCOUNT NUMBER(S)				CONTACT	CONTACT		
PHONE	PHONE CITY			STATE			
PRINCIPAL				1			
PRINCIPAL NAME	% OF OWNERSHIP	TITLE	SOCIAL SECURITY #	DATE OF BIRTH	HOME ADDRESS		
PRINCIPAL NAME	% OF OWNERSHIP	TITLE	SOCIAL SECURITY #	DATE OF BIRTH	HOME ADDRESS		
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PRINCIPAL NAME	% OF OWNERSHIP	TITLE	SOCIAL SECURITY #	DATE OF BIRTH	HOME ADDRESS		
	<u> </u>						
AUTHORIZATION	N				1		
ALITHORIZED SIGNATURE				DATE			

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

