



**Lease to Own the
z70, z50 or z30
Thermal Imaging Camera**

**ZERO DOWN PAYMENT
and ZERO INTEREST
for 24 MONTHS!**



Wahl makes it easier than ever to buy a thermal imaging camera for your application. Your new camera comes to you ready to use out of the box, and we'll deliver it fast so you can get started with your projects!

Our Credit Department can get you started.
Call us at: 1-800-421-2853 or 828-658-3131.

Zero Percent Payment Plan Lease Worksheet				
Use Wahl Heat Spy Imager Price List to fill in the appropriate boxes below.				
Line Item	Model Number	z30	z50	z70
A)	Camera Price	\$	\$	\$
	Available Options			
B)	+ High Temperature Option	\$	\$	N/A
C)	+ Wide Angle Lens	\$	\$	N/A
D)	+ Telephoto lens	\$	\$	N/A
E)	Spy-Care® No-Fault 2 Year Warranty	N/A	No Charge	No Charge
F)	Total Amount (Lines A to D)	\$	\$	\$
G)	24 Monthly Payments	\$	\$	\$
H)	Set Up Fee	\$195.00	\$195.00	\$195.00
I)	Total First Payment (Lines G + H)	\$	\$	\$
J)	Balanced Financed (Lines F - G)	\$	\$	\$

Simply fill out the worksheet to the left, and the application from Wahl Instruments, Inc. on pg 2. We will contact you if additional information is required.

Once we receive all required information, you will be notified of the status of your application within 3-5 business days.

Upon your approval of the Lease, the submittal of your Purchase Order and Total Down Payment, your new thermal imager will be on its way to you.

You will enjoy the benefits of the powerful features of the Wahl Heat Spy Thermal Imaging Camera in no time!

Go to www.wahlheatspy.com for more information

Thermal Imager Leasing program is available for USA customers only.



Calibration Services Available

(800) 421-2853 • FAX (828) 658-0728 • www.palmerwahl.com





LEASE APPLICATION
(FOR COMMERCIAL LEASES ONLY)

234 Old Weaverville Road, Asheville, NC 28804 Phone (828) 658-3131 Fax: (828) 658-0728

FIRM NAME				EIN #		CO. WHERE EQUIP IS LOCATED	
ADDRESS		STREET		CITY		STATE ZIP	
PHONE		DATE ESTABLISHED		DATE PRESENT OWNERSHIP COMMENCED		NATURE OF BUSINESS	
						<input type="checkbox"/> PROP. <input type="checkbox"/> CORP. <input type="checkbox"/> PARTNERSHIP	
PRINCIPAL NAME (1)				POSITION		PHONE	
HOME ADDRESS		STREET		CITY		STATE ZIP	
<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS		HOW LONG?		SOCIAL SECURITY #		BIRTH DATE	
						% OF OWNERSHIP Citizenship/Residency <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS)							
PRINCIPAL NAME (2)				POSITION		PHONE	
HOME ADDRESS		STREET		CITY		STATE ZIP	
<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS		HOW LONG?		SOCIAL SECURITY #		BIRTH DATE	
						% OF OWNERSHIP Citizenship/Residency <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS)							
COMMERCIAL BANK REFERENCE							
NAME OF BANK						PHONE/FAX	
PERSON TO CONTACT				CHECKING ACCT. #		LOAN ACCT. #	
NAME OF BANK						PHONE/FAX	
PERSON TO CONTACT				CHECKING ACCT. #		LOAN ACCT. #	
TRADE REFERENCES - 3 REQUIRED							
NAME AND ADDRESS OF COMPANY #1						PHONE/FAX	
NAME AND ADDRESS OF COMPANY #2						PHONE/FAX	
NAME AND ADDRESS OF COMPANY #3						PHONE/FAX	
CURRENT LEASE OBLIGATION		NAME OF COMPANY OR BANK			PHONE		ACCOUNT #
<input type="checkbox"/> YES <input type="checkbox"/> NO							
CURRENT LEASE OBLIGATION		NAME OF COMPANY OR BANK			PHONE		ACCOUNT #
<input type="checkbox"/> YES <input type="checkbox"/> NO							

AUTHORIZATION: The undersigned represents that all information provided with this application is true and correct and hereby authorizes The Mitco Leasing Company to obtain from third parties and bank listed above, information it deems necessary to arrive at a credit decision. By signing below, the undersigned individual(s) as principal(s) of and/or guarantor(s) for the applicant, authorizes the Mitco Leasing Company, its designee, assigns potential assigns to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

PRINCIPAL'S SIGNATURE **X** _____

PRINCIPAL'S SIGNATURE **X** _____

VENDOR NAME				SALESPERSON			
ADDRESS				PHONE			
QTY	N-NEW U-USED	EQUIPMENT TO BE LEASED				PRICE	
LEASE TERM		AMOUNT OF EACH PAYMENT		SECURITY DEPOSIT		RESIDUAL NO RESIDUAL	TOTAL