

MidwestDental[®] FINANCIAL

Take Advantage of the 2026 Section 179 Tax Deduction

2026 Promotion

179 TAX SAVINGS

The 2026 Section 179 Tax Benefit makes it a great year to make your next capital equipment purchase. This calculator makes it easy for you to see your immediate savings. Apply Today.



- Incredible Tax Benefits
- Attractive Terms
- Flexible Financing
- Industry Expertise
- Simple Processing

CALCULATE YOUR SAVINGS

ENTER

Equipment Amount

Section 179 Deduction

Estimated Tax Rate

Tax Savings

After Tax Amount

Example shown is only an estimate. Seek the advice of a tax specialist to determine your actual tax savings. Purchases over \$2,500,000 may be subject to additional bonus depreciation in 2026 in addition to standard depreciation available. For purchases over \$500,000 contact your Midwest Dental Financial representative for a customized quote.

CHOOSE YOUR TERM

Term

- 12 Months @ 1.99%
- 24 Months @ 4.59%
- 36 Months @ 5.49%
- 48 Months @ 5.79%
- 60 Months @ 5.99%
- 72 Months @ 6.35%

Payment

APPLICATION

Legal Business Name				<input type="checkbox"/> Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> P.C. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:				
Address			City		State		Zip	Years In Business
Employee Count	Bus. Phone #		Fed Tax ID		Midwest Contact			
Dr. Name/Title		Dr. Home Address			City	State	Zip	
Dr. Personal Email		Social Security	Cell #	% Ownership	License #	Date of birth		
Dr. (2) Name/Title		Dr. (2) Home Address			City	State	Zip	
Dr. Personal Email		Social Security	Cell #	% Ownership	License #	Date of birth		

FOR MORE INFORMATION CONTACT

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314.635.2422 | 314.842.7880 (fax)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580.

The undersigned individual acknowledges that the above noted Principals have been made aware of this business purpose application for credit to Midwest Dental Financial or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. I understand that by providing our company's phone, fax or email information, I consent to receive all phone, fax or email communications sent by or on behalf of Midwest Dental Financial. By signature below, I affirm the identity of the respective individual/s identified in the above application and acknowledge they have received authorization and notices of the application.

- Current promotion is a limited time offer for qualified applicants and subject to change without notice. Effective through March 31st, 2026.
- \$99 doc fee due on contract signing

Applicant's Signature:

Date mm/dd/yy