

Equipment and Vehicle Finance Application

\$35,000 Minimum

Wells Fargo Equipment Finance | 733 Marquette Avenue, Suite 700 | Minneapolis, MN 55402

Fax completed and signed application to 866-620-1539 or e-mail to albert.bommentre@wellsfargo.com

Phone No.: 610-397-3072

Referring WF Banker Name:

Applicant (Corporations, LLCs & other organizations, use EXACT registered name)	Phone No.	Fax No.
Company Headquarters Office Address (Street Name, City, State, ZIP)		Tax ID No. (required)
Email Address		Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	State of Organization	Country of Citizenship

Nature of Business (required):

Vendor Name (Supplier of Equipment)	Phone No.
Vendor Address	Fax No.

Equipment Will the Equipment be used outside of the United States? No Yes

Approx. Delivery Date:

Purpose:	<input type="checkbox"/> New Equipment Purchase	<input type="checkbox"/> Used Equipment Purchase	<input type="checkbox"/> Growth	<input type="checkbox"/> Replacement
Equipment Description (include model year, if used)	Equipment Price			
	\$			
	- Less Trade			
	\$			
	- Less Down Payment			
	\$			
	+ Doc Fee (standard doc fees apply)			
	\$			
Insurance Agent	Phone No.	= Financed Amount		
		\$		

Type of Financing Desired				Lease/Loan Term		
Loan <input type="checkbox"/>	Lease/Purchase (\$1 purchase / \$101 in CA) <input type="checkbox"/>	TRAC Lease (Vehicle) <input type="checkbox"/>	Lease (Fair Market Value) <input type="checkbox"/>	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60

Credit Information

Years in Business:	No. of Employees:	Annual Revenue \$
Largest Customer % of Sales %	Largest Customer Name	

Bank Reference

Bank Name	Banker name	Bank Account Number	Year Opened	Average Balance
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Do you have a Wells Fargo Bank Commercial Loan? No Yes What type?

\$ Amount?

Legal Owner and Guarantor Information (Complete this section for all owners and guarantors)

<input type="checkbox"/> Legal Owner/ <input type="checkbox"/> Guarantor				% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	SSN/Tax ID No.	Date of Birth	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	State of Organization		Country of Citizenship	
<input type="checkbox"/> Legal Owner/ <input type="checkbox"/> Guarantor				% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	SSN/Tax ID No.	Date of Birth	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	State of Organization		Country of Citizenship	

<input type="checkbox"/> Legal Owner/ <input type="checkbox"/> Guarantor			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	SSN/Tax ID No.	Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		State of Organization	Country of Citizenship
<input type="checkbox"/> Legal Owner/ <input type="checkbox"/> Guarantor			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	SSN/Tax ID No.	Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		State of Organization	Country of Citizenship

Legal Owner/Guarantor Questionnaire

Has the Applicant, Guarantor(s) or Principal(s) of the Applicant ever been convicted of a Felony? No Yes
If yes, please explain

Has the Applicant, Guarantor(s) or Principal(s) of the Applicant ever filed for bankruptcy? No Yes
If yes, date filed and please explain:

Certification:

The undersigned certify to Wells Fargo Equipment Finance, Inc., its parent and affiliates (collectively, "WFEF") that the information stated in this application is true and correct. The undersigned understand that WFEF will retain this application whether or not it is approved. WFEF and/or other entities to which WFEF refers this application are authorized to check the credit and employment history of the undersigned, obtain insurance information and to answer questions about their credit experience with the undersigned. The undersigned authorize WFEF and/or other entities to which WFEF refers this application to contact any creditors of the undersigned and authorize any creditor so contacted to release to WFEF and such entities such credit information as WFEF or such entities may request. The undersigned further authorize WFEF and/or such entities to which WFEF refers this application to share this application and the undersigned's information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

Signature(s): Please note the Applicant and each Guarantor must sign this application below.

Applicant's Signature	Date
Guarantor's Signature	Date
Guarantor's Signature	Date
Guarantor's Signature	Date

Notice to Applicants and Guarantors: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.