

# Equipment and Vehicle Finance Application

\$50,000.00 Minimum



Wells Fargo Equipment Finance | 600 South 4<sup>th</sup> Street | MAC N9300-100 | Minneapolis, MN 55415

Fax completed and signed application to Enrico Mazza at 877-401-8937 or e-mail to enrico.mazza@wellsfargo.com  
Phone No.: 215-478-2082

## Referring WF Banker Name:

<b>Applicant</b> (Corporations, LLCs & other organizations, use EXACT registered name)	Phone No.	Fax No.
Company Headquarters Office Address (Street Name, City, State, ZIP)		<b>Tax ID Number/SSN</b>
Email Address	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	State of Organization
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship
Non-U.S.: Passport # and Country of Issuance		

## Nature of Business (required):

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

## Equipment Location / Non-U.S. Activities

Will any of customer's Equipment be domiciled or operate within 100 miles of Mexico more than 25% of the annual miles?  No  Yes

Does the customer or any Equipment ever operate outside of the United States?  No  Yes  
If yes, list all countries and percent of annual usage there. If travel to Mexico, complete **Cross Border Activity Form**:

Is screening completed on drivers prior to employment?  No  Yes  
If yes, what type of screen is completed?

Will payments originate from non-U.S. locations?  No  Yes  
If yes, list the countries from which the payments will originate:

Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located:

<b>Purpose:</b>	<input type="checkbox"/> New Equipment Purchase	<input type="checkbox"/> Growth	Approx. Delivery Date:
	<input type="checkbox"/> Used Equipment Purchase	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Refinance	

<b>Equipment Description</b> (include model year, if used)	Equipment Price
	\$
	- Less Trade
	\$
	- Less Down Payment
	\$
	+ Doc Fee (standard doc fees apply)
	<b>\$527.50</b>

<b>Insurance Agent</b>	<b>Phone No.</b>	<b>= Financed Amount</b>
		\$

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

## CREDIT INFORMATION

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

## 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?**

**BENEFICIAL OWNER INFORMATION:** Complete this section for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns **25 percent or more** of the equity interests of the legal entity listed above.

<b>Beneficial Owner Full Legal Name</b>	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
<b>Beneficial Owner Full Legal Name</b>	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
<b>Beneficial Owner Full Legal Name</b>	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
<b>Beneficial Owner Full Legal Name</b>	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance

**GUARANTOR INFORMATION:** Complete this section for all guarantors. If needed, attach a Supplemental Information form with additional guarantors. Note: If appropriate, individuals listed above may also be listed in this section.

<b>Guarantor Full Legal Name</b>		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		State of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
<b>Guarantor Full Legal Name</b>		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		State of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
<b>Guarantor Full Legal Name</b>		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		State of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance

**COMPANY PRINCIPAL INFORMATION:** Complete this section for one individual with significant responsibility for managing the legal entity such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Note: If appropriate, an individual listed above may also be listed in this section.

Full Legal Name and Title	Social Security Number	Date of Birth
Address (Street Name, City, State, ZIP; not a PO box)	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance

**Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony?**

No  Yes

If yes, please explain:

**Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy?**

No  Yes

If yes, date filed and please explain:

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**Certification:**

The undersigned certify to Wells Fargo Equipment Finance, Inc., its parent, and affiliates (collectively, "WFEF") that the information stated in this application is complete and correct to the best of the undersigned's knowledge. The undersigned understand that WFEF will retain this application whether or not it is approved. WFEF and/or entities to whom WFEF refers this application (each a "WFEF Party") are authorized to check the credit and employment history of the undersigned (including criminal background checks), obtain insurance information, and to answer questions about their credit experience with the undersigned. The undersigned authorize each WFEF Party to contact any creditors of the undersigned and authorize any creditor so contacted to release to such WFEF Party such information as such WFEF Party may request. The undersigned further authorize each WFEF Party 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.

**PLEASE NOTE: At least one Beneficial Owner/Guarantor and all individual Guarantors listed above must sign this application. For additional Beneficial Owners/Guarantors, please provide information as shown above on a separate document.**

Applicant Signature	Title	Date
Applicant/Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date

**Notice to Applicants and Guarantors:** To help the government fight the funding of terrorism, narcotics trafficking, trans-national organized crime, 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. Additionally, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.