

BUSINESS NAME (full Legal name)

Fed Tax ID#:

Billing Address _____ City _____ County _____ State _____ Zip _____

Telephone # () _____ Fax # () _____ Contact Person _____

Business Type: Non-Profit Proprietor Partnership Ltd. Partnership Corporation S-Corp LLC

Time in Business Under Present Ownership _____ E-Mail Address _____

Insurance Agent's Name _____ Phone # _____ Are you currently doing business with Wells Fargo? _____ If yes, where? _____

Vendor Name _____ Resale # _____ Contact Person _____ Telephone No. _____

Vendor Address _____ Fed Tax ID # _____ Fax No. _____ E-Mail Address _____

Total Equipment Cost (Without Tax) _____ Initial Term (months) _____ Monthly Lease Payment \$ _____ Advance Payment (How Applied)
Security Deposit Advance Payment **EQUIPMENT TO BE LEASED** (List equipment or attach separate list if necessary) _____ Licensed Titled Vehicle **EQUIPMENT LOCATION** (Complete only if equipment is located at an address other than the billing address)

Address _____ City _____ County _____ State _____ Zip _____

PERSONAL INFORMATION ON OWNER(S), OFFICER(S), PARTNER(S), OR GUARANTOR(S)Name _____ Title _____ Owner % _____ Drivers License # / State _____ Home Phone # _____
Home Address _____ City _____ State _____ Zip _____ () _____Residential Status Rent Own Time at Current Address _____ Social Security # _____Name _____ Title _____ Owner % _____ Drivers License # / State _____ Home Phone # _____
Home Address _____ City _____ State _____ Zip _____ () _____Residential Status Rent Own Time at Current Address _____ Social Security # _____**COMPANY BANK REFERENCES - MUST HAVE TWO YEAR HISTORY** Important to establish loan historyName of Bank Branch _____ How Long? _____ Chkg. Acct # _____ Telephone No. _____ Contact Officer _____
Loan Acct # _____ () _____Name of Bank Branch _____ How Long? _____ Chkg. Acct # _____ Telephone No. _____ Contact Officer _____
Loan Acct # _____ () _____**TRADE REFERENCES AND OTHER LEASES-TWO YEAR HISTORY**Name of Supplier _____ City/State _____ Telephone # _____ Contact person _____
() _____Name of Supplier _____ City/State _____ Telephone # _____ Contact person _____
() _____Landlord/Mortgage Holder at Business Location _____ City/State _____ Telephone # _____ Contact person _____
() _____

I make this application to Wells Fargo Equipment Finance, Inc. (WFEFI) and give the above information to WFEFI, its successors and/or assigns in order to obtain this credit. I authorize WFEFI to obtain information concerning any statements made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

Signed: _____ Date: _____

Name (Please Print) _____ Title: _____