



Credit Application for Construction Equipment

Wells Fargo Equipment Finance, Inc.

1540 West Fountainhead Parkway | Tempe, AZ 85282 | Phone: 877-248-7007

Send completed applications to Dealer Support by fax to 877-248-6955 or email to equipment.finance@wellsfargo.com

Vendor Name (Equipment Supplier):	Contact Name:	Phone #:
Vendor Address:		Fax #:

Lessee (Borrower) Legal Name:	Tax ID# (required):
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Physical Address:	Years in Business:
Billing Address:	Phone #:

Email Address:	Web-Site:	Fax #:
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Equipment Types: New Equipment Purchase Used Equipment Purchase Growth Replacement Refinance

Equipment Description (Quantity, Year, Make, Model, Serial#, Price):

Total Eqpmt Price:	\$
Tax:	\$
Less Down/Trade:	\$
Doc Fees:	\$
Finance Amount:	\$

*If lease, provide equipment location

Type of Financing Desired (choose one): <input type="checkbox"/> Loan <input type="checkbox"/> Lease*(\$1.00) <input type="checkbox"/> Lease*(Fair Market Value) <input type="checkbox"/> Other _____	Lease/Loan Term (months): <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> Other _____
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Lessee/Borrower Company Information:
Organization Type: Corporation Partnership Sole Proprietorship Limited Liability Co.

Mngmt Control Year:	# of Employees:	Annual Revenue: \$	Backlog: \$
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Insurance Company Name:	Phone #:	Describe the nature of your business:
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Top Customer Name #1:	Location (City, State)	% of Annual Sales
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Top Customer Name #2:	Location (City, State)	% of Annual Sales
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Top Customer Name #3:	Location (City, State)	% of Annual Sales
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Owner/Guarantor #1 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
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Residence Address:	Residence Phone #	Date of Birth
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Owner/Guarantor #2 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
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Residence Address:	Residence Phone #	Date of Birth
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Financial References:

Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #
Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #

Signatures. I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or your assigns or prospective assigns are authorized to check my credit (including credit bureau reports) and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you (i) to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request and (ii) to share this application and my financial information with your employees and other representatives who are involved in the evaluation of my application, including syndication parties and recourse providers.

IMPORTANT NOTICE TO APPLICANT: For all transactions over \$250,000 please attach the following: 1) last two years FYE Financial Statements, 2) last two years Profit/Loss Statements and 3) latest interim statement with comparable prior year figures, if available. PATRIOT ACT Notice: 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. When you apply to open an account or to add any additional service, we will ask you for your name, address, and taxpayer ID number and other information that will allow us to identify you. We may also ask to see other identifying documents.

Applicant Signature:	Applicant Signature:
Print name:	Print name:
Date:	Date: