



Wells Fargo Equipment Finance, Inc.  
 733 Marquette Avenue  
 Investor's Building, Suite 700  
 Minneapolis, MN 55402  
 (P) 800-322-6220 (F) 612-667-9312



**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  Advance   
 Deposit \_\_\_\_\_ 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 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
 Residential Status Rent  Own  Time at Current Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Owner % \_\_\_\_\_ Drivers License # / State \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
 Residential Status Rent  Own  Time at Current Address \_\_\_\_\_ Social Security # \_\_\_\_\_

**COMPANY BANK REFERENCES - MUST HAVE TWO YEAR HISTORY Important to establish loan history**

Name 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, it's 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 to my knowledge, the information I have provided is true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_