

Equipment and Vehicle Finance Application

\$35,000 Minimum



Fax completed and signed application to Chasse Cole or e-mail to ChasseCole@WellsFargo.com
 Phone No.: FAX # 877-664-2492 or CELL # 714-580-9984

Referring WF Banker Name: Chasse Cole - AVP CLO

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

Legal Owner/Guarantor Information (Complete this section for all owners with 25% or more in company ownership)

Legal Owner/Guarantor			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	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			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	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			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	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			% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	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	

Credit Information

Years in Business:	No. of Employees:	Annual Revenue \$	
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Largest Customer % of Sales	%	Largest Customer Name
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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? <input type="checkbox"/> No <input type="checkbox"/> Yes What type?	\$ Amount?
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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 entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to whom you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

PLEASE NOTE: If more than one Legal Owner/Guarantor is listed above, each Legal Owner/Guarantor must sign this application below.

Applicant's Signature	Date
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Applicant's Signature	Date
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Applicant's Signature	Date
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Applicant's Signature	Date
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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. 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.