

A finance program for:



Wells Fargo Equipment Finance
Manufacturer Services Group
300 Tri-State International, Suite 400
Email Application to:
carol.gahart@wellsfargo.com

Company Name _____

Address _____ Phone _____

City _____ County _____ State _____ Zip _____ Fax _____

Contact: _____ Title _____ Contact Cell #: _____ (optional)

Contact e-mail: _____ Years in Business: _____

Description of Business _____ Fed ID # _____ [] Corporation [] Partnership [] Proprietorship
(Required Information)

Table with 5 columns: BANKS, Name, Telephone, Account Number, Account Officer. Rows 1 and 2.

If individually owned, a partnership or a closely held corporation, please include and complete the following:

Name _____ S.S.# _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____ [] Rent [] Own

Name _____ S.S.# _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____ [] Rent [] Own

I/We have applied to finance equipment. I authorize Wells Fargo Bank, N.A. to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone. NOTICE: Wells Fargo Bank N.A. complies with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your lease application.

Authorized this _____ Day of _____ 20 _____

Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE FINANCED

Table with 5 columns: Quantity, New/Used, Model - Description, Unit Cost, Total Cost. 3 rows.

Term (in months) _____ Rate Program/Factor _____

Number of Advance Payments _____

Summary table with 2 columns: Description, Amount. Rows: Total Cost, Less Trade / Down payment, Sales Tax (if applicable), TOTAL to Finance.

Payment Amount \$ _____

Tax Exempt: Yes _____ No _____ (If yes please provide copy of exemption certificate.)

Dealer _____ Salesperson _____ Phone _____

Street _____ City _____ State _____ Zip _____ Fax _____

APPLICANT - DETACH AND RETAIN

Creditor's Name: Wells Fargo Bank, N.A.

Creditor's Address: 300 Tri-State International, Lincolnshire, IL 60069

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wells Fargo Bank, N.A. Attn: Credit Manager, 300 Tri-State International, Suite 400, Lincolnshire, IL 60069 or (800) 570-3607 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Credit Protection Act (15 U.S.C. 1601 et seq.). The Federal agency that administers compliance with this law concerning this creditor is the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

Wells Fargo Equipment Finance is the trade name for certain equipment leasing and finance business of Wells Fargo Bank, N.A. and its subsidiaries, including the Wells Fargo Equipment Finance division of Wells Fargo Bank, N.A., located in Lincolnshire, Illinois.