



Wells Fargo Equipment Finance, Inc.
 Investors Building, Suite 700
 733 Marquette Avenue
 Minneapolis, MN 55402

Equipment Financing Application

Attn: J.P. Presthus **Phone: 612-667-3919** **Fax: 866-608-7893**

Vendor (Supplier of Equipment)		Phone No. ()
Vendor Address		Fax No. ()
Lessee (Borrower) Legal Name	Email Address	Phone No. ()
Address		Fax No. ()
Billing Address		Equipment Location (City, State and County)

Organization Type Corporation Partnership Sole Proprietorship Limited Liability Co. **Tax ID No.**

Equipment	New Equipment Purchase <input type="checkbox"/>	Used Equipment Purchase <input type="checkbox"/>	Growth <input type="checkbox"/>	Replacement <input type="checkbox"/>	Refinance <input type="checkbox"/>
Equipment Description		Equipment Price _____			
		Less Trade _____			
		Less Down Payment _____			
		Finance Amount _____			

Type of Financing Desired **Lease/Loan Term**
 Loan Lease (\$1.00 purchase) Lease (Fair Market Value) Other 36 48 60 72 84

Lessee/Borrower Credit Information

Years in Business _____ No. of Employees _____ Annual Revenue \$ _____ Backlog \$ _____

Top Customers

_____ % of annual sales	Name _____	City, State _____
_____ % of annual sales	Name _____	City, State _____
_____ % of annual sales	Name _____	City, State _____

Owner/Guarantor Name _____ Social Security No. _____

Residence Address _____ Residence Phone No. _____

Owner/Guarantor Name _____ Social Security No. _____

Residence Address _____ Residence Phone No. _____

References

Bank	Business and/or Personal Acct No.	Contact Name	Phone No. ()
Finance Company	Account No.	Contact Name	Phone No. ()
Finance Company	Account No.	Contact Name	Phone No. ()
Comments			

Signatures

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns 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 to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

IMPORTANT: Attach Financial Statements which include Profit and Loss Statements for last two years.

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.