

Credit Application

Dealer	Transaction Information		Total Equipment Cost \$ Net Trade \$ Cash Down \$ Taxes \$ Fees \$ Finance Amt \$ Total Payment \$
	Dealer Name	Sales Rep	
	Phone Number	Fax Number	
	Email Address		
	Address	City/ST/Zip	
	Term: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other	Rate	
Exiting Account #	Product Type <input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other		

Equipment Information Include additional details or attachments with application.

Qty	N/U	Manufacturer/Model	Serial #	Price	Residual	Payment	Maintenance
.....
.....

Trade-in/Additional Details

Business Information Information

Company Legal Name	Phone Number
As registered with Secretary of State, if applicable	
Tradestyle/DBA	Federal Tax ID
Business Address	City
No PO/APO	
Equipment Address	State
If different than business address - No PO/APO	
Billing Address	City
If different than business/equipment address	
Type of Business: <input type="checkbox"/> S-Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Rental House	Zip
Time in Business	State of Formation
	Tax Exempt <input type="checkbox"/> Y <input type="checkbox"/> N

Owner/Guarantor Information

Name	Date of Birth	Soc. Sec. #
Home Address	City	State
		Zip
Name	Date of Birth	Soc. Sec. #
Home Address	City	State
		Zip

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

BUSINESS Credit Information: Authorization for Disclosure
 Applicant hereby authorizes the release of credit information to Wells Fargo Vendor Financial Services, LLC or its designee (and any affiliates, assignees or potential assignees thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete. Applicant hereby authorizes Wells Fargo Vendor Financial Services, LLC to execute and file any UCC financing statements in its name upon approval of the application.

By (Signature) **X**

Authorized Representative of Credit Applicant

Title

Name

Please Print Name

Date

PERSONAL Credit Information: Authorization for Disclosure
 By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction Wells Fargo Vendor Financial Services, LLC or its designee (and any affiliates, assignees or potential assignees thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature **X**

An Individual

Name

Please Print Name

Date

Signature **X**

An Individual

Name

Please Print Name

Date

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating 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, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Bureau of Consumer Financial protection, 1700 G Street NW, Washington DC 20006 and also the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact Wells Fargo Vendor Financial Services, LLC at 300 E. John Carpenter Freeway Suite 500, Irving TX, 75062 within 60 days from the date you are notified of such denial or condition. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Establishing a relationship with Wells Fargo: To help the United States Government fight terrorism and money laundering, it is Wells Fargo policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses, we will ask for your business name, street address and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth and Social Security number. We may also ask to see identifying documents. Thank you for your cooperation.