

Equipment Financing Application

Trucks and Trailers



Wells Fargo Equipment Finance | Commercial Vehicle Group | 600 South 6th Street | MAC N9300-100 | Minneapolis, MN 55415

Attention: Mark Spease

Phone: 612-308-6749

Fax: 866-505-4741

Applicant Full Legal Name			Phone No.	Fax No.
Company Headquarters Office Address (Street Name, City, State, ZIP)				Tax ID Number/SSN
Email Address	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	State of Organization
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #

Years in Business/Year Started:

Number of Employees:

Annual Revenue
\$

Type of Business: For Hire Trucking Private Fleet Vocational/Work Truck Services Lease/Rental Municipality

Types of Products Hauled or Industries Served:

Fleet Statistics	Owned	Leased	Owner/Operators	Average Miles	Average Age
Number of Trucks					
Number of Trailers					

Current Aggregate Monthly Loan/Lease Payments \$

Current Aggregate Monthly Operating Lease Payments \$

<input type="checkbox"/> New Equipment Purchase <input type="checkbox"/> Used Equipment Purchase	Purpose: <input type="checkbox"/> Growth <input type="checkbox"/> Replacement <input type="checkbox"/> Refinance	Approx. Delivery Date:
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Type of Financing Desired

Lease/Loan Term

Loan <input type="checkbox"/>	Lease (TRAC <input type="checkbox"/> %)	Lease (Fair Market Value/Operating Lease) <input type="checkbox"/>	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> 72	<input type="checkbox"/> 84
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Dealer Name/Supplier of Equipment Phone No.

Dealer Address Fax No.

Equipment Description (include model year, if used)	Equipment Price \$
	- Less Trade \$
	- Less Down Payment \$
Insurance Agent (Liability & Property) Phone No.	= Financed Amount \$

Equipment Location / Non-U.S. Activities

Will any of customer's Equipment be domiciled or operate within 100 miles of Mexico more than 25% of the annual miles? No Yes

Does the customer or any Equipment ever operate outside of the United States? No Yes

If yes, list all countries and complete **Cross Border Activity Form**:

Is screening completed on drivers prior to employment? No Yes

If yes, what type of screen is completed?

Will payments originate from non-U.S. locations? No Yes

If yes, list the countries from which the payments will originate:

Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located:

Name and Address of Any Third Party Operators:

BENEFICIAL OWNER AND GUARANTOR INFORMATION: Complete this section for all beneficial owners (individuals) with 25% or more in company ownership and all guarantors.

<input type="checkbox"/> Beneficial Owner / <input type="checkbox"/> Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #
<input type="checkbox"/> Beneficial Owner / <input type="checkbox"/> Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #
<input type="checkbox"/> Beneficial Owner / <input type="checkbox"/> Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #
<input type="checkbox"/> Beneficial Owner / <input type="checkbox"/> Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #

COMPANY PRINCIPAL INFORMATION: Complete this section for one individual with significant responsibility for managing the legal entity such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Note: If appropriate, an individual listed above may also be listed in this section.

Name	SSN/Tax ID No.	Date of Birth
Home Address (Street Name, City, State, ZIP)	Country of Citizenship	Non-U.S.: Passport #

Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony? No Yes
If yes, please explain:

Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? No Yes
If yes, date filed and please explain:

Related Companies (Please indicate affiliation. Ex: Subsidiary, Common Ownership)

Company Name	Affiliation	Activities Conducted in what Countries?
Company Name	Affiliation	Activities Conducted in what Countries?

Top Three Customers (Haul Sources)

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

References

Bank	Business and/or Personal Acct No.	Contact Name	Phone No.
Operating Line with	Approved Amount Outstanding Amount	Contact Name	Phone No.

Finance Companies (List your major creditors)

Certification

The undersigned certify to Wells Fargo Equipment Finance, Inc., its parent, and affiliates (collectively, "WFEF") that the information stated in this application is true and correct. The undersigned understand that WFEF will retain this application whether or not it is approved. WFEF and/or entities to whom WFEF refers this application (each a "WFEF Party") are authorized to check the credit and employment history of the undersigned (including criminal background checks), obtain insurance information, and to answer questions about their credit experience with the undersigned. The undersigned authorize each WFEF Party to contact any creditors of the undersigned and authorize any creditor so contacted to release to such WFEF Party such information as such WFEF Party may request. The undersigned further authorize each WFEF Party to share this application and the undersigned's information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

PLEASE NOTE: At least one Beneficial Owner/Guarantor and all individual Guarantors listed above must sign this application. For additional Beneficial Owners/Guarantors, please provide information as shown above on a separate document.

Applicant Signature	Date
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Applicant/Guarantor Signature	Date
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Applicant/Guarantor Signature	Date
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Applicant/Guarantor Signature	Date
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Applicant/Guarantor Signature	Date
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Notice to Applicants and Guarantors: To help the government fight the funding of terrorism, narcotics trafficking, trans-national organized crime, 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 and information relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal laws.