Wells Fargo Equipment Finance, Inc. 733 Marquette Avenue Investor's Building, Suite 300 Minneapolis, MN 55402 Tel.800-322-6220 Fax 612-667-9711

Fleet Customer Profile



Applicant (Borrower/Lessee)										
Legal Name										
Corporate Address										
Billing Address (if different)										
Contact ICC#										
one # Fed Tax ID #										
c# DUNS #										
E-mail Address SIC #										
Organization Type: "C" Corporation "S" Corpor	ration	Proprietorship	Limited Liability Corporation							
Owner Profile										
Owner's Name	Social Security	v# % Ownersh	hip Employed Since							
Key Management										
Name		Title								
Related Companies										
Company Name	Affiliation (Affiliation (e.g., Subsidiary, Common Ownership, % Stockholder)								
		<u> </u>								
Bank References										
Bank Name	_									
Contact	Credit Line									
Phone #	Current Balance									
Fax #	Account #									
Finance Company References										
Name	Phone #	Fax #	Account #							
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Fleet Statisti	ics										
		Owned	Leased		Rented	Owners/Operators	Total	Average Age			
Number of Trucks											
Number of Traile	rs										
	Average Annual Miles					ent Policy	Deprec	iation Policy			
Trucks		Miles				Years	Years Residual %				
Trailers	Miles					Years	Years Residual %				
Current aggregate monthly loan/lease payments						\$					
Current aggregate monthly operating lease payments						\$					
Total monthly payments						\$					
				_							
What is the inten	ded use of	f the equipment?	Growth	Rep	olacements	Both:% Replace	ments% Gro	wth			
Business Info	rmation)									
·	Geographic markets served										
		r industries served	l								
Location of Term	inals					(Owned 🔲 Leased	d 🗖			
Customer Informa	ation (List	top five accounts)								
Company Name		e	Contact			Phone	e # % of Total Revenue				
statement, please of We will provide you	contact the with the st	Marketing Represent atement of reasons	ative at the teleph within 30 days of re	one nu eceivin	mber at the top of s g your request. If we	ght to a statement of the ide one within 60 days fro provide the statement or days of receiving your wr	m the date you are no ally, you have the righ	tified of our conclusion. It to have the reasons			
marital status, age assistance program,	(provided tl , or because	he applicant has the the applicant has ir	capacity to enter i good faith exercis	nto a b ed any	oinding contract), be right under the Con	applicants on the basis on cause all or part of the ap sumer Credit Protection A minations Division, Washir	plicant's income derivent. The federal agency	es from any public			
Signatures											
is approved. You are If applicant is other behalf of such Appli	e authorize than the ir icant and of	d to check my credit ndividual, you are au	and employment h thorized to check t who signed in the s	nistory, he cred ignatur	obtain insurance inf dit references and er re block for Individua	ormation and to answer of inployment history of the al Applicant or Individual (uestions about your cr person or persons who	signed this Application on			
Company Applic	ant:				Indiv	idual Applicant or Inc	lividual Guarantor.	:			
(Print Company Name)				Date	(Print	Company Name)		Date			
Ву:						tura)					
(Signature/Title)						(Signature)					

- Financial Data Attachments -

Please include copies of your fiscal-year-end financial statements for the last two years, as well as interim statements to date. Include all footnotes and exhibits.

Purchase Equipment Specifications * Sale Order * Two Years Tax Returns Including Schedule C Attachment

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