

Equipment Financing Application

Trucks and Trailers

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



Attention: Laurie Kirpach
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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 # and Country of Issuance

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 percent of annual usage there. If travel to Mexico, 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 INFORMATION: Complete this section for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns **10 percent or more** of the equity interests of the legal entity listed above. If needed, attach a Supplemental Information form with additional beneficial owners.

Beneficial Owner Full Legal Name	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
Beneficial Owner Full Legal Name	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
Beneficial Owner Full Legal Name	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance
Beneficial Owner Full Legal Name	Social Security Number	Date of Birth	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance

GUARANTOR INFORMATION: Complete this section for all guarantors. If needed, attach a Supplemental Information form with additional guarantors. Note: If appropriate, individuals listed above may also be listed in this section.

Guarantor Full Legal Name		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		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	If Non-U.S.: Passport # and Country of Issuance
Guarantor Full Legal Name		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		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	If Non-U.S.: Passport # and Country of Issuance
Guarantor Full Legal Name		SSN/Tax ID No.	Phone No.
Primary Address (Street Name, City, State, ZIP)		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	If Non-U.S.: Passport # and Country of Issuance

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.

Full Legal Name and Title	Social Security Number	Date of Birth
Address (Street Name, City, State, ZIP; not a PO box)	Country of Citizenship	If Non-U.S.: Passport # and Country of Issuance

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 complete and correct to the best of my knowledge. 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 and all individual Guarantors listed above must sign this application. For additional Beneficial Owners or Guarantors, please provide information as shown above on a separate document.

Applicant Signature	Title	Date
Applicant/Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date
Beneficial Owner/Guarantor Signature	Title	Date

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. Additionally, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.