

Commercial transportation credit application

Applicant full *legal* name Phone number Fax number

Company headquarters office address (street city, state, ZIP) Tax ID or SSN

Email address Corporation LLC State of organization
 Partnership Other:

Sole proprietorship Date of birth Country of citizenship *Non-U.S.:* Passport number and country of issuance
 Individual

Years in business 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/Operator	Average miles	Average age
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Number of trucks

Number of trailers

Current aggregate monthly loan/lease payments \$

Current aggregate monthly operating lease payments \$

Financing

<input type="checkbox"/> New equipment purchase	Purpose <input type="checkbox"/> Growth	Approximate delivery date
<input type="checkbox"/> Used equipment purchase	<input type="checkbox"/> Replacement	
	<input type="checkbox"/> Refinance	

Type of financing desired	Lease/loan term
<input type="checkbox"/> Loan	<input type="checkbox"/> 36 <input type="checkbox"/> 48
<input type="checkbox"/> Lease (TRAC %)	<input type="checkbox"/> 60 <input type="checkbox"/> 72
<input type="checkbox"/> Lease (fair market value/operating lease)	<input type="checkbox"/> 84

Dealer name/supplier of equipment Contact name Phone number

Dealer address

Equipment description (include model year, if used)

Equipment price: \$

Less trade: \$

Less down payment: \$

Equals financed amount: \$

Insurance agent (liability and property):

Phone number:

Equipment location and non-U.S. activities

Will any of your equipment or your affiliates' or subsidiaries' equipment be domiciled or travel within 100 miles of Mexico more than 25% of the year? No Yes

Do you or any of your affiliates or subsidiaries operate equipment outside of the United States (including in a Free Trade Zone)? 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 screening is completed?

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

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

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:

Owner information

Complete this section for each owner, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns *25 percent or more* of the equity interests of the legal entity listed above. If needed, attach a **Supplemental Information form** with additional owners.

Owner full legal name	SSN or Tax ID	Date of birth	% company ownership
Primary address (street named, city, state, ZIP)	Phone number	Country of citizenship	If <i>non-U.S.</i> Passport number and country of issuance
Owner full legal name	SSN or Tax ID	Date of birth	% company ownership
Primary address (street named, city, state, ZIP)	Phone number	Country of citizenship	If <i>non-U.S.</i> Passport number and country of issuance
Owner full legal name	SSN or Tax ID	Date of birth	% company ownership

Primary address (street named, city, state, ZIP)	Phone number	Country of citizenship	If <i>non-U.S.</i> Passport number and country of issuance
Owner full legal name	SSN or Tax ID	Date of birth	% company ownership
Primary address (street named, city, state, ZIP)	Phone number	Country of citizenship	If <i>non-U.S.</i> Passport number 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 or Tax ID	Phone number
Primary address (street, city, state, ZIP)	State of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:
<input type="checkbox"/> Individual	Date of birth	Country of citizenship
<i>If non-U.S.</i> Passport number and country of issuance		

Guarantor full legal name	SSN or Tax ID	Phone number
Primary address (street, city, state, ZIP)	State of organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:
<input type="checkbox"/> Individual	Date of birth	Country of citizenship
<i>If non-U.S.</i> Passport number and country of issuance		

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Primary address (street, city, state, ZIP)	State of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:
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Primary address (street, city, state, ZIP)	State of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:
<input type="checkbox"/> Individual	Date of birth	Country of citizenship
<i>If non-U.S.</i> Passport number and country of issuance		

Has the applicant, owner, guarantors, or principals of the applicant ever been convicted of a felony? No Yes
 If yes, please explain.

Has the applicant, owner, guarantors, or principals of the applicant ever filed for bankruptcy? No Yes
 If yes, enter the date filed and please explain.

Related companies (indicate affiliation. *Examples:* subsidiary, common ownership)

Company name	Affiliation	Activities conducted in what countries?
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Top three customers (haul sources)

% of annual sales	Name	Since	City, state
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% of annual sales	Name	Since	City, state
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% of annual sales	Name	Since	City, state
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References

Bank	Business and/or personal account number	Contact name	Phone number
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Operating line with	Approved amount	Outstanding amount	Contact name	Phone number
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Operating line with	Approved amount	Outstanding amount	Contact name	Phone number
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Operating line with	Approved amount	Outstanding amount	Contact name	Phone number
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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.

Notice to Applicants and Guarantors: To help the government fight the funding of terrorism, narcotics trafficking, transnational 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 owners and we may verify compliance by you and other owners with requirements of U.S. Federal laws.

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

_____ Applicant signature	_____ Title	_____ Date
_____ Applicant/owner/guarantor signature	_____ Title	_____ Date
_____ Owner/guarantor signature	_____ Title	_____ Date
_____ Owner/guarantor signature	_____ Title	_____ Date
_____ Owner/guarantor signature	_____ Title	_____ Date