



Credit Application for Construction Equipment

Wells Fargo Equipment Finance | Construction Group | Chandler AZ Office Info:
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Dealer/Vendor Name (Equipment Supplier):	Contact Name:	Phone #:
Vendor Address:		Fax #:

Lessee (Borrower) Legal Name:	Tax ID# (required):
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Physical Address:	Years in Business:
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Billing Address:	Country of Citizenship	Phone #:
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Email Address:	Web-Site:	Fax #:
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Will the equipment be used outside of the U.S.? Yes No **Approx. Delivery Date:**

Do you have operations outside the U.S.? Yes No **If yes, which countries?**

Need for Equipment: Growth Replacement Refinance

Equipment Description (Quantity, Year, Make, Model, Serial#, Price):	Total Eqpmt Price:	\$
	Tax:	\$
	Less Down/Trade:	\$
	Doc Fees:	\$
	Finance Amount:	\$

*If lease, provide equipment location

Type of Financing Desired (choose one): <input type="checkbox"/> Loan <input type="checkbox"/> Lease*(\$1.00) <input type="checkbox"/> Lease*(Fair Market Value) <input type="checkbox"/> Other _____	Lease/Loan Term (months): <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> Other _____
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Organization Type: Corporation Partnership Sole Proprietorship Limited Liability Co.

Year of Mngmt Change:	# of Employees:	Annual Revenue: \$	Backlog: \$
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Insurance Company Name	Phone #	Describe the nature of your business
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Top Customer Name #1	Location (City, State)	% of Annual Sales
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Top Customer Name #2	Location (City, State)	% of Annual Sales
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Owner/Guarantor #1 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
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Residence Address:	Country of Citizenship	Residence Phone #	Date of Birth
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Owner/Guarantor #2 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
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Residence Address:	Country of Citizenship	Residence Phone #	Date of Birth
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Financial References:				
Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #

Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #
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Signatures. I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or your assigns or prospective assigns are authorized to check my credit (including credit bureau reports) and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you (i) to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request and (ii) to share this application and my financial information with your employees and other representatives who are involved in the evaluation of my application, including syndication parties and recourse providers.

PATRIOT ACT Notice: To help the government fight the funding of terrorism 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. When you apply to open an account or to add any additional service, we will ask you for your name, address, and taxpayer ID number and other information that will allow us to identify you. We may also ask to see other identifying documents.

Applicant Signature:	Applicant Signature:
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Print name:	Date:	Print name:	Date:
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