



Wells Fargo Equipment Finance, Inc.
 Specialty Vehicle Group
 Attn: John Pratt
 Fax: (866) 878-5590



APPLICANT DATA				
Legal Company Name		Year Established	Federal Tax ID #	
Address		City	State	Zip Code
Person to Contact		Office Phone #	Office Fax #	E-Mail Address
Entity Type (check one box) Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> C <input type="checkbox"/> Corp <input type="checkbox"/> Corp <input type="checkbox"/>				
Current Fleet Size: Front-Load Trks _____ Rear Load Trks _____ Automated Trks _____ Rolloff Trks _____ Containers / Carts _____				
Number of commercial accounts: _____ Number of residential accounts: _____				

PARTNERS, GUARANTORS AND PRINCIPALS				
1. Principal Owner		% Ownership	Title	Social Security Number
Address		City	State	Zip Code
2. Principal Owner		% Ownership	Title	Social Security Number
Address		City	State	Zip Code

EQUIPMENT TO BE FINANCED				
Qty	Year, Mfg, Model, Body	\$ Requested	Terms	Replacement <input type="checkbox"/> Expansion <input type="checkbox"/>
				Lease <input type="checkbox"/> Loan <input type="checkbox"/>

INSURANCE INFORMATION		
Insurance Company Name (Liability & Physical Damage)	Agent	Telephone #

CREDIT REFERENCES			
Bank Name	Account Number(s)	Contact	Telephone #
Bank Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #

COMPANY HISTORY/INFORMATION

REASON FOR ACQUISITION

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 entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Signature _____ Title _____ Date _____

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. 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.