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| |  |  | | --- | --- | | Equipment and Vehicle Finance Application  $35,000 Minimum | wf_black | | Wells Fargo Equipment Finance | 733 Marquette Avenue, Suite 700 | MAC N9306-070 | Minneapolis, MN 55402 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax completed and signed application to Ron Bosco or Dave Froats or e-mail to ronald.m.bosco@wellsfargo.com or david.c.froats@wellsfargo.com  Phone No.:201-391-3000 or 612-667-9755 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referring WF Banker Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant** (Corporations, LLCs & other organizations, use EXACT registered name)  . | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | Fax No. | | | | | | |
| Company Headquarters Office Address (Street Name, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Tax ID No. (required)** | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | State of Organization | | | | | | |
| Corporation | | LLC | | | | Partnership | | | Sole Proprietorship | | | | | Individual | | | | Date of Birth | | | | | | Country of Citizenship | | | | | | | | Non-U.S.: Passport # | | |
| **Nature of Business (required):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Name (Supplier of Equipment)  YAMA SEIKI, USA, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone No.  909-628-5568 | | | | | |
| Vendor Address  5788 SCHAEFER AVE., CHINO, CA, 91710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax No.  909-628-5556 | | | | | |
| **Equipment Will the Equipment be used outside of the United States?  No**   **Yes**  If Yes, please list all countries: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will the Equipment be located in or traveling to Arizona, California, New Mexico, or Texas?  No**   **Yes**  If Yes, what % of annual miles? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will any payments be sent from a non-domestic location?  No**   **Yes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose: | | | New Equipment Purchase  Used Equipment Purchase | | | | | | | | | | Growth  Replacement  Refinance | | | | | | | | | | | | Approx. Delivery Date: | | | | | | | | | |
| **Equipment Description** (include model year, if used) | | | | | | | | | | | | | | | | | | | | | | Equipment Price  **$** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | - Less Trade  **$** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | - Less Down Payment  **$** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | + Doc Fee (standard doc fees apply)  **$** | | | | | | | | | | | | |
| **Insurance Agent** | | | | | | | | | | **Phone No.** | | | | | | | | | | | | **= Financed Amount**  **$** | | | | | | | | | | | | |
| **Type of Financing Desired** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Lease/Loan Term** | | | | | | |
| **Loan** | **Lease/Purchase** ($1 purchase / $101 in CA) | | | | | | | | | | | | **TRAC Lease** (Vehicle) | | | | | | | **Lease (Fair Market Value)** | | | | | | | | | **36** | | | | **48** | **60** |
| **CREDIT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Years in Business:** | | | | | | | | **No. of Employees**: | | | | | | | | | **Annual Revenue**  $ | | | | | | | | |  | | | | | | | | |
| **Largest Customer % of Sales**      % | | | | | | | | | | | | | | | | **Largest Customer Name** | | | | | | | | | | | | | | | | | | |
| **BANK REFERENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | Banker name | | | | | | | Bank Account Number | | | | | | | Year Opened | | | | | | | | Average Balance | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |
| **Do you have a Wells Fargo Bank Commercial Loan?**   **No  Yes What type?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$ Amount?** | | | | | |
| **BENEFICIAL OWNER AND GUARANTOR INFORMATION:** Complete this section for all beneficial owners (individuals) with 10% or more in company ownership. If there are no Beneficial Owners with at least 10% ownership, then provide at minimum 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Beneficial Owner /  Guarantor** | | | | | | | | | | | | | | | | | | | | | | | SSN/Tax ID No. | | | | | | | % Company Ownership | | | | |
| Primary Address (Street Name, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | State of Organization | | | | |
| Corporation | | | | LLC | | | Partnership | | | | Individual | | | | Date of Birth | | | | | | | | Country of Citizenship | | | | | | | Non-U.S.: Passport # | | | | |
| **Beneficial Owner /  Guarantor** | | | | | | | | | | | | | | | | | | | | | | | SSN/Tax ID No. | | | | | | | % Company Ownership | | | | |
| Primary Address (Street Name, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | State of Organization | | | | |
| Corporation | | | | LLC | | | Partnership | | | | Individual | | | | Date of Birth | | | | | | | | Country of Citizenship | | | | | | | Non-U.S.: Passport # | | | | |
| **Beneficial Owner /  Guarantor** | | | | | | | | | | | | | | | | | | | | | | | SSN/Tax ID No. | | | | | | | % Company Ownership | | | | |
| Primary Address (Street Name, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | State of Organization | | | | |
| Corporation | | | | LLC | | | Partnership | | | | Individual | | | | Date of Birth | | | | | | | | Country of Citizenship | | | | | | | Non-U.S.: Passport # | | | | |
| **Beneficial Owner /  Guarantor** | | | | | | | | | | | | | | | | | | | | | | | SSN/Tax ID No. | | | | | | | % Company Ownership | | | | |
| Primary Address (Street Name, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | State of Organization | | | | |
| Corporation | | | | LLC | | | Partnership | | | | Individual | | | | Date of Birth | | | | | | | | Country of Citizenship | | | | | | | Non-U.S.: Passport # | | | | |
| **Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony?  No**   **Yes**  **If yes, please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy?  No**   **Yes**  **If yes, date filed and please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.  **PLEASE NOTE: At least one Beneficial Owner/Guarantor and all individual Guarantors listed above must sign this application. For additional Beneficial Owners/Guarantors, please provide information as shown above on a separate document.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |
| Applicant/Guarantor Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |
| Applicant/Guarantor Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |
| Applicant/Guarantor Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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. We may also ask to see other identifying documents and information relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal laws.