



Wells Fargo Equipment Finance, Inc.

1540 West Fountainhead Pkwy

Tempe, AZ 85282

Attention: Tim Bowling

Desired Line of Credit Amount _____

Please fax to 866-359-0735, along with last 3 years Fiscal/Calendar Year End

Financial Statements and the latest interim financial statement. Also included should be latest personal financial statement on each principal owner.

DEALER CREDIT APPLICATION

COMPANY INFORMATION

Dealer Name _____

Dealer Address _____

Principal _____ Social Security No. _____

Home Address _____ Date of Birth _____

Primary Credit Contact _____ Phone/FAX Numbers _____

Insurance Company _____ Agent _____

TYPE OF BUSINESS	
<input type="checkbox"/>	Proprietorship
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation
Tax ID No.	_____ - _____
State of Incorporation:	_____
When Incorporated:	_____

Years in Business _____ Number of Employees _____

Phone _____

BRANCH LOCATIONS

Address _____ Phone/FAX numbers _____

Address _____ Phone/FAX numbers _____

Address _____ Phone/FAX numbers _____

Please list STATES and COUNTIES in which rented equipment will be located _____

BANK AND CREDIT INFORMATION

Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Secured Credit References _____	Contact Person/ Phone No. _____	
Secured Credit References _____	Contact Person/ Phone No. _____	
Secured Credit References _____	Contact Person/ Phone No. _____	

LIENS Please list secured parties who may have broad liens covering inventory, rental fleet or receivables. Add additional page if necessary.

Contact Person/ Name _____ Phone Number _____

Contact Person/ Name _____ Phone Number _____

Contact Person/ Name _____ Phone Number _____

Contact Person/ Name _____ Phone Number _____

BRANDS OF EQUIPMENT HANDLED

Manufacturer and Brand(s) _____	Contact Person/ Phone Number _____
Manufacturer and Brand(s) _____	Contact Person/ Phone Number _____
Manufacturer and Brand(s) _____	Contact Person/ Phone Number _____
Manufacturer and Brand(s) _____	Contact Person/ Phone Number _____



Wells Fargo Equipment Finance, Inc.

Release for Credit Information and Credit Bureau Authorization Letter

This letter will confirm that the undersigned has requested that Wells Fargo Equipment Finance, Inc. ("WFEFI") review its application for a loan or lease financing (the "Credit Facility"). WFEFI has been advised that the undersigned are principals of the applicant and/or may become a personal guarantor of its obligations to WFEFI, WFEFI's designee, and any assignee or potential assignee thereof. Please sign this letter where indicated below to confirm that you have authorized the release and review of credit information and/or your personal credit profile that WFEFI may obtain from one or more national credit bureaus.

Your authorization shall extend to obtaining credit information such as trade, bank or bonding company references, and/or your credit profile(s) in connection with the review and consideration of Applicant's request to obtain a Credit Facility and subsequently for the purposes of updating, renewing or extending such Credit Facility or granting additional Credit Facilities, and for reviewing or collecting any resulting account. A photostat or facsimile copy of this authorization letter shall be deemed to be valid as the original. By signing below, the undersigned hereby affirms his/her identity as the individual who's printed name appears below, and who is identified in the above referenced application for a Credit Facility. The foregoing is hereby confirmed, acknowledged, and agreed to, and the authorization referred to therein is hereby granted.

Company name: _____

Applicant Printed Name

Applicant Printed Name

Applicant Signature

Applicant Signature

Date: _____

Date: _____

Social Security Number

Social Security Number

Applicant Printed Name

Applicant Printed Name

Applicant Signature

Applicant Signature

Date: _____

Date: _____

Social Security Number

Social Security Number