Credit Application for Construction Equipment

Wells Fargo Equipment Finance | Construction Group
1540 West Fountainhead Parkway | Tempe, AZ 85282 | Phone: 877-248-7007
Send completed applications to Dealer Support by fax to 877-248-6955 or email to equipment.finance@wellsfargo.com

Dealer/Vendor Name (Equipment Supplier):	**Contact Name:**	Phone #:
Vendor Address:		Fax #:
Lessee (Borrower) Legal Name:		**Tax ID# (required):**
Physical Address:		Years in Business:
Billing Address:	Country of Citizenship	Phone #:
Email Address:	**Web-Site:**	Fax #:

Will equipment be used outside of the U.S.? ☐ **Yes** ☐ **No** **Approx. Delivery Date:**

Equipment Types: ☐ New Equipment Purchase ☐ Used Equipment Purchase ☐ Growth ☐ Replacement ☐ Refinance

Equipment Description (Quantity, Year, Make, Model, Serial#, Price):	Total Eqpmt Price:	$
	Tax:	$
	Less Down/Trade:	$
	Doc Fees:	$
*If lease, provide equipment location	Finance Amount:	$

Type of Financing Desired (choose one):
☐ Loan ☐ Lease*($1.00) ☐ Lease*(Fair Market Value) ☐ Other_____

Lease/Loan Term (months):
☐ 36 ☐ 48 ☐ 60 ☐ 72 ☐ 84 ☐ Other ___

Lessee/Borrower Company Information:

Organization Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Co.

Mngmt Control Year:	# of Employees:	Annual Revenue: $	Backlog: $
Insurance Company Name	Phone #	Describe the nature of your business	
Top Customer Name #1		Location (City, State)	% of Annual Sales
Top Customer Name #2		Location (City, State)	% of Annual Sales

Owner/Guarantor #1 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
Residence Address:		Country of Citizenship	Residence Phone #	Date of Birth
Owner/Guarantor #2 Name	Cell Phone #	Email Address	Social Security #	% of Ownership
Residence Address:		Country of Citizenship	Residence Phone #	Date of Birth

Financial References:

Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #
Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #

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:
Print name: Date:	Print name: Date: