|  |  |  |
| --- | --- | --- |
| **Attention:** | **Phone:** | **Fax:** |
| **Applicant Full Legal Name**      | Phone No.      | Fax No.      |
| Company Headquarters Office Address (Street Name, City, State, ZIP)      | **Tax ID Number/SSN**      |
| Email Address      | **[ ]** Corporation | **[ ]** LLC | **[ ]** Partnership | State of Organization |
| **[ ]** Sole Proprietorship | [ ]  Individual | Date of Birth      | Country of Citizenship      | Non-U.S.: Passport #      |
| **Years in Business/Year Started:**      | **Number of Employees:**      | **Annual Revenue**$      |
| Type of Business: For Hire Trucking [ ]  Private Fleet [ ]  Vocational/Work Truck Services [ ]  Lease/Rental [ ]  Municipality [ ]  |
| Types of Products Hauled or Industries Served:       |
| **Fleet Statistics** | Owned | Leased | Owner/Operators  | Average Miles | Average Age |
| Number of Trucks |       |       |       |       |       |
| Number of Trailers |       |       |       |       |       |
| Current Aggregate Monthly Loan/Lease Payments | $      |  |
| Current Aggregate Monthly Operating Lease Payments | $      |  |
| [ ]  New Equipment Purchase[ ]  Used Equipment Purchase | Purpose: |  [ ]  Growth [ ]  Replacement [ ]  Refinance |  Approx. Delivery Date:      |
| **Type of Financing Desired** | **Lease/Loan Term** |
| Loan [ ]  | Lease (TRAC       %) [ ]  | Lease (Fair Market Value/Operating Lease)[ ]  | [ ]  36 | [ ]  48 | [ ]  60 | [ ]  72 | [ ]  84 |
| Dealer Name/Supplier of Equipment      | Phone No.      |
| Dealer Address      | Fax No.      |
| **Equipment Description** (include model year, if used)      |  Equipment Price $      |
|        | - Less Trade $      |
|        | - Less Down Payment $      |
| Insurance Agent (Liability & Property)      | Phone No.      | = Financed Amount $      |
| **Equipment Location / Non-U.S. Activities** |
| Will the Equipment be domiciled or travel within 100 miles of Mexico more than 25% of the annual miles? [ ]  No [ ]  Yes |
| Will the Equipment be used outside of the United States? [ ]  No [ ]  Yes If yes, list all countries and complete **Cross Border Activity Form**:       |
| Will payments originate from non-U.S. locations? [ ]  No [ ]  Yes If yes, list the countries from which the payments will originate:       |
| Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located:       |
| Name and Address of Any Third Party Operators:       |
| **BENEFICIAL OWNER AND GUARANTOR INFORMATION:** Complete this section for all beneficial owners (individuals) with 25% or more in company ownership. If there are no Beneficial Owners with at least 25% 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 #       |
| 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:       |
| **Related Companies (Please indicate affiliation. Ex: Subsidiary, Common Ownership)** |
| Company Name      | Affiliation      | Activities Conducted in what Countries?      |
| Company Name      | Affiliation      | Activities Conducted in what Countries?      |
| **Top Three Customers (Haul Sources)** |
|        % of annual sales | Name       | Since       | City, State       |
|        % of annual sales | Name       | Since       | City, State       |
|        % of annual sales | Name       | Since       | City, State       |
| **References** |
| Bank      | Business and/or Personal Acct No.      | Contact Name      | Phone No.       |
| Operating Line with      | Approved Amount      | Outstanding Amount      | Contact Name      | Phone No.       |
| Finance Companies (List your major creditors)      |
| **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 |

**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.