Credit Application (attach additional pages if necessary)

WELLS FARGO

Wells Fargo Equipment Finance, Manufacturer and Dealer Finance | 800 Walnut, Des Moines, IA, 50309 | 1-866-791-6102

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, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant

(If a corporation, LLC, LP or other organization, use EXACT registered name.)	Phone Number	Fax Number

Applicant's Name	Contact Person's Cell No.	Contact's Email Address

Primary Business or Farm Address	County

Proposed location/address of equipment/property:	County

General description of Applicant's business:	In Business Since: /

Sole Proprietorship ☐ For-Profit Corporation ☐ Non-Profit Corporation ☐ Limited Liability Co. ☐ Limited Partnership ☐ General Partnership ☐ Other (List Type)

Country of Citizenship	State of Organization/Registration	Federal Tax ID/SSN Number

Legal Owner/Guarantor Data – Proprietor, Corporate Officer, Partner, General Partner (if a person), LLC Managing Member (if a person)

Name	% Company Ownership	Home Telephone	Date of Birth

Home Address	City	State	County	Zip Code	Social Security Number

Name	% Company Ownership	Home Telephone	Date of Birth

Home Address	City	State	County	Zip Code	Social Security Number

Equipment & Usage: (Include trade-in information on a separate page if applicable.)

☐ FARM / AGRICULTURAL: _____ %	☐ COMMERCIAL: _____ %	Purpose: ☐ New Equip. Purchase	☐ Used Equip. Purchase	☐ Growth	☐ Replacement

MODEL:	CREDIT TERMS: _____% APR _____ YEARS ☐ MONTHLY ☐ OTHER
DEALER NAME & PHONE NUMBER:	EQUIPMENT COST: $

Other Income: (Alimony, child support or maintenance need not be revealed if you do not wish it to be considered in determining your creditworthiness.)

Source of Other Income:		Source of Other Income:	
Amount: $	Per: ☐ Month ☐ Year ☐ Other	Amount: $	Per: ☐ Month ☐ Year ☐ Other

COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE.

Do you farm: FULL TIME ☐ PART TIME ☐ # OF ACRES OWNED _____ # OF ACRES RENTED _____

	KIND OF CROP/LIVESTOCK	NO. OF ACRES	INCOME DATE	EST. AMOUNT	OTHER INCOME	AMOUNT
SEASONAL INCOME				$		$
				$		$

Bank/Credit References

Name (two year history)	Account Number(s)	

Officer to Contact	Phone Number	Other Account(s)
	- -	

Certification and Authorization of Individual(s) to Release Information:

Each of the undersigned person(s), individually and on behalf of the above Applicant (collectively the "Signer"), hereby represents to Wells Fargo Financial Leasing, Inc., its subsidiaries and affiliates (collectively "Wells Fargo") that (a) all information provided to WFFL in connection with this credit application, including, without limitation, tax returns, financial statements, accountants' statements and the information set forth above, is true and correct and (b) this application is made for the sole purpose of obtaining credit from Wells Fargo for commercial or agricultural (and not for personal, family or household) purposes. Signer hereby authorizes Wells Fargo and any of its affiliates and potential or actual assignees to obtain any business and/or personal financial information, from time to time, including, without limitation, information from any consumer reporting agency, credit bureau or other reporting source regarding Signer's and/or Applicant's credit history, for purposes of (i) evaluating this application, (ii) monitoring any and all leases, loans and other financial transactions entered into as a result of this application, (iii) extending, renewing or amending any such lease, loan or other contract, and/or (iv) evaluating any request by Signer or Applicant for additional credit in the future. Signer hereby authorizes and instructs any consumer reporting agency, financial institution and other persons or entities possessing information about Signer and/or Applicant to furnish Wells Fargo with all such information in response to an inquiry from Wells Fargo both now and at any time in the future.

Signature: **X** Date: Signature: **X** Date:

Vendor/Supplier's Certification:

By submitting this application to Wells Fargo, Vendor, by and through the individual employee or representative of Vendor who is transmitting this application to Wells Fargo, hereby represents and certifies to Wells Fargo that: (1) all information contained in the above referenced credit application is true and correct to the best of Vendor's knowledge, (2) in the event Vendor later discovers that any of the above information is not correct, Vendor will submit to Wells Fargo a new application with the correct information, (3) Vendor is submitting the above credit application on behalf of the credit applicant named above (the "Applicant") with the express permission, and at the express direction, of the Applicant for the purpose of obtaining credit from Wells Fargo for commercial or agricultural (and not for personal, family or household) purposes, (4) the Applicant and each person named as a principal in the application, if any (each, a "Principal") has expressly authorized Vendor and any potential funding source (such as Wells Fargo) (a "Funding Source") to obtain business and personal credit, financial and other information about the Applicant and each such Principal, including but not limited to, information from banks, consumer reporting agencies, credit bureaus and other information sources (each, a "Reporting Source"), and (5) the Applicant and each such Principal, if any, has expressly authorized Vendor and any Funding Source to instruct any and all Reporting Sources to furnish directly to such Funding Source all such information about the Applicant and each Principal.

RETURN COMPLETED APPLICATION TO WELLS FARGO EQUIPMENT FINANCE – MANUFACTURER & DEALER FINANCE Attn: VENDOR AG, TEAM 19 - FAX NO. 800-600-7192

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