Manufacturer Services Group

Wells Fargo Equipment Finance 9377 W. Higgins Road, Suite 550 Rosemont, IL 60018 Phone 866-522-7248



lit Fax 888-375-3288

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Company N	lame								
Address _					Phone				
City		County_	State _	Zip	Fax				
Contact:			Title	Title		_ Contact Cell #:			
Contact e-mail:			Fed ID #	Fed ID #		Years in Business:			
Description	of Business			(Required Inforr	mation)				
Business Typ	e: 🗆 Corpora	ition 🗆 Partnership	□ Sole Proprietor □ LLC □ LLP	State o	f Formation /	'Organization_			
Bank Reference Name		Telephone	Account Number		Account Officer				
information tha name, address, Owner / Guar	it identifies each , date of birth ar rantor Informa i	n person (individuals or ad other information th tion:	m and money laundering activities businesses) who opens an account at will allow us to identify you. We n 	. What this means for nay also ask to see y	or you: When yo our driver's licen	ou open an accour ise or other identifyi	nt, we will ask for your ng documents.		
			City						
				DOB Phone State Zip % Company Ownersh					
solely in con potential or consumer re application, amending a authorizes ar	actual assignee actual assignee porting agency (ii) monitoring a iny such lease, l nd instructs any	commercial (and not s to obtain any busine r, credit bureau or of any and all leases, lo loan or other contrac consumer reporting ag	tants' statements and the informati a personal, family or household) tra- ess and/or personal financial inform ther reporting source regarding Sig- ans and other financial transactio t, and/or (iv) evaluating any reque gency, financial institution and othe onse to an inquiry from Wells Fargo b	ansaction. Signer he nation, from time to gner's and/or Applie ns entered into as est by Signer or App r persons or entities	reby authorizes time, including, cant's credit his a result of this licant for additi possessing inforr	Wells Fargo and an without limitation, story, for purposes application, (iii) ext onal credit in the f nation about Signer	ny of its affiliates and information from any of (i) evaluating this tending, renewing or uture. Signer hereby		
Signature			Name	Name		Date			
Signature			Name	Name			Date		
		DES	CRIPTION OF EQUIPMEN	nt to be fina	NCED				
Quantity	New/Use	d	Model – Descriptio	on	l	Jnit Cost	Total Cost		
Term	Ra	te Program/Factor				otal Cost			
Term Rate Program/Factor Residual: Advance Pa				Less Trade / Down payment (Sales Tax (if applicable)					
Payment Ar + Maintena = TOTAL Pay	ince Payment	\$ \$ \$	-			FINANCE			
	, . <u>.</u>		Tax Exempt: Yes	No	(If yes please pl	rovide copy of exer	nption certificate.)		
Dealer			Salesperson	Phone					

Dealer_

Street

City

State Zip Fax

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