

Credit Application



Wells Fargo Vendor Financial Services

300 E. John Carpenter Freeway, Irving TX 75062

Vendor	Vendor Name.....	Phone Number.....	Fax Number.....
	Address.....	City.....	State..... Zip.....
	Sales Rep.....	Email.....	

Transaction	Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other.....	Rate.....	Payment.....	Total Equipment Cost \$..... (+) Upgrade Amount \$..... Total Amount Financed \$.....
	Product Type: <input type="checkbox"/> FMV <input type="checkbox"/> \$1 Purchase Option <input type="checkbox"/> 10% Purchase Option <input type="checkbox"/> Loan <input type="checkbox"/> Other.....			
	Description of Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Account #.....	(For upgrade only)	

Customer	Company Legal Name.....	Phone Number.....
	<small>As registered with Secretary of State, if applicable</small>	
	Tradestyle/DBA.....	Federal Tax ID.....
	Business Address.....	City..... State..... Zip.....
	<small>No PO/APO</small>	
	Equipment Address.....	City..... State..... Zip.....
<small>If different than business address - No PO/APO</small>		
Billing Address.....	City..... State..... Zip.....	
<small>If different than business/equipment address</small>		
Type of Business: <input type="checkbox"/> S-Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Rental House	<small>If sole proprietorship or partnership, please complete Personal Guarantor & Signature sections</small>	
Time in Business.....	State of Formation.....	Tax Exempt <input type="checkbox"/> Y <input type="checkbox"/> N
<small>If less than 2 years, please complete Personal Guarantor & Signature sections</small>		

Guarantor	Name.....	Date of Birth.....	Soc. Sec. #.....
	Percentage of Ownership: <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Holder of Direct Interest <input type="checkbox"/> Other:.....		
	Home Address.....	City.....	State..... Zip.....
	Name.....	Date of Birth.....	Soc. Sec. #.....
	Percentage of Ownership: <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Holder of Direct Interest <input type="checkbox"/> Other:.....		
	Home Address.....	City.....	State..... Zip.....

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

BUSINESS Credit Information: Authorization for Disclosure
 Applicant hereby authorizes the release of credit information to Wells Fargo Vendor Financial Services, Inc. or its designee (and any affiliates, assignees or potential assignees thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete. Applicant hereby authorizes Wells Fargo Vendor Financial Services, Inc. to execute and file any UCC financing statements in its name upon approval of the application.

PERSONAL Credit Information: Authorization for Disclosure
 By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction Wells Fargo Vendor Financial Services, Inc. or its designee (and any affiliates, assignees or potential assignees thereof) authorizing review of his/her personal credit profile from a national credit bureau.

By (Signature) **X**.....
Authorized Representative of Credit Applicant

Title.....

Name..... Date.....
Please Print Name

Signature **X**.....
An Individual

Name..... Date.....
Please Print Name

Signature **X**.....
An Individual

Name..... Date.....
Please Print Name

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Bureau of Consumer Financial protection, 1700 G Street NW, Washington DC 20006 and also the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact Wells Fargo Vendor Financial Services, Inc. at 300 E. John Carpenter Freeway Suite 500, Irving TX, 75062 within 60 days from the date you are notified of such denial or condition. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Establishing a relationship with Wells Fargo Vendor Financial Services, Inc.: To help the United States Government fight terrorism and money laundering, it is a Wells Fargo policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses, we will ask for your business name, street address and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth and Social Security number. We may also ask to see identifying documents. Thank you for your cooperation.