



Credit Application

A Division of Wells Fargo Bank, N.A.
 300 Tri State International, Suite 400
 Lincolnshire, IL 60069
 Phone (800) 570-3607

Credit Fax 888-375-3288

Company Name _____

Address _____ **Phone** _____

City _____ **County** _____ **State** _____ **Zip** _____ **Fax** _____

Attention _____ **Title** _____ **Years in Business** _____

Description of Business _____ **Fed ID #** _____ Corporation Partnership Proprietorship
 (Required Information)

BANKS	Name	Telephone	Account Number	Account Officer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

CREDIT & TRADE REFERENCE	Name	Contact	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

If individually owned, a partnership or a closely held corporation, please include and complete the following:

Name _____	S.S.# _____	Date of Birth _____	Telephone _____
Address _____	City _____	State _____	Zip _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Name _____	S.S.# _____	Date of Birth _____	Telephone _____
Address _____	City _____	State _____	Zip _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own

I/We have applied to lease equipment. I authorize Wells Fargo Financial Capital Finance to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone. **NOTICE: Wells Fargo Financial Capital Finance complies with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your lease application.**

Authorized this _____ Day of _____ 20____
 Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE LEASED

Quantity	New/Used	Model - Description	Unit Cost	Total Cost

Lease Term _____	Lease Rate Factor _____	TOTAL COST
Purchase Option _____	Number of Advance Payments _____	
		Less Trade In Allowance
		Net to Finance

Lease Payment	\$ _____
+ Maintenance Payment	\$ _____
= TOTAL Payment	\$ _____

Tax Rate _____

Dealer _____ **Salesperson** _____ **Phone** _____

Street _____ City _____ State _____ Zip _____ Fax _____

APPLICANT - DETACH AND RETAIN

Creditor's Name: Wells Fargo Financial Capital Finance *Creditor's Address: 300 Tri-State International, Lincolnshire, IL 60069*
 If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wells Fargo Financial Capital Finance, Attn: Credit Manager, 300 Tri-State International, Suite 400, Lincolnshire, IL 60069 or (800) 570-3607 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination 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 program, or because the applicant has in good faith exercised any right under the Credit Protection Act (15 U.S.C. 1601 et seq.). The Federal agency that administers compliance with this law concerning this creditor is the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050. Wells Fargo Financial Capital Finance is a division of Wells Fargo Bank N.A.