



Attn: John Pratt

PLEASE FAX TO: 866-687-5573

Wells Fargo Equipment Finance, Inc.
 Commercial Vehicle Group – Refuse
 733 Marquette Avenue – Suite 700
 Minneapolis, MN 55402
 Ofc: 612-316-0692



APPLICANT DATA					
Legal Company Name		Trade Style (DBA)		Year Established	
Federal Tax ID Number		Address		City	
State		Zip Code		County	
Person to Contact		Business Telephone #		Business Fax #	
E-Mail Address		Entity Type (check one box)		Corporation <input type="checkbox"/>	
Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>		LLC <input type="checkbox"/>	
C Corp <input type="checkbox"/>		S Corp <input type="checkbox"/>		Current Fleet Size: Roll-offs _____	
Rear End Loaders _____		Front End Loaders _____		Recycling _____	
Containers _____		Other _____		List Affiliated Companies or Subsidiaries	
# of Commercial Accts _____		# Added in 12 Months _____		# of Residential Accts _____	
# Added in 12 Months _____					

PARTNERS, GUARANTORS AND PRINCIPALS					
1. Principal Owner		% Ownership		Title	
Social Security Number		Address		City	
State		Zip Code		How long have you owned refuse equipment?	
2. Principal Owner		% Ownership		Title	
Social Security Number		Address		City	
State		Zip Code		How long have you owned refuse equipment?	

NEW EQUIPMENT INFORMATION					
Quantity	Year, Manufacturer, Model, Body Type	\$ Requested	Terms	Replacement <input type="checkbox"/>	Lease <input type="checkbox"/>
				Expansion <input type="checkbox"/>	Loan <input type="checkbox"/>
Quantity	Year, Manufacturer, Model, Body Type	\$ Requested	Terms	Replacement <input type="checkbox"/>	Lease <input type="checkbox"/>
				Expansion <input type="checkbox"/>	Loan <input type="checkbox"/>

INSURANCE INFORMATION		
Insurance Company Name (Liability & Physical Damage)		Agent
Telephone #		

CREDIT REFERENCES			
Bank Name	Account Number(s)	Contact	Telephone #
Bank Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #

FINANCIAL INFORMATION						
Assets		Liabilities & Net Worth			Refuse Income & Expenses	
Date of Information: ___/___/___		Date of Information: ___/___/___			From ___/___/___ to ___/___/___	
Cash in Bank:	\$	Current Maturities of Long Term Debt		\$	Refuse Income	\$
Accounts Receivable:	\$	Equipment Financed at:	Payments	\$	Other Income	\$
Equipment Owned / Leased:	\$	Equipment Financed at:	Payments	\$	Interest Income	\$
Other Equipment	\$	Equipment Financed at:	Payments	\$	Depreciation Expense	\$
Real Estate	\$	Long Term Debt		\$	Lease Payments	\$
Other Assets	\$	Total Liabilities		\$	Other Operating Expense	\$
Goodwill	\$	Net Worth		\$	NET INCOME AFTER TAX	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH		\$	Any Other Income & Source	

For the purpose of obtaining credit from Wells Fargo Equipment Finance, Inc. (WFEFI) or its designee/assignee, the undersigned certifies that the above information given for credit purposes is true and correct and authorizes WFEFI by credit bureau or investigation agency to investigate the references, statements or other data listed or accompanying the application. The undersigned authorizes all parties contacted to release credit and financial information as a part of said investigation.

Signature _____ Title _____ Date _____