

Manufacturer Services Group

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



Credit Fax 888-375-3288

Company Name _____

Address _____ Phone _____

City _____ County _____ State _____ Zip _____ Fax _____

Contact: _____ Title _____ Contact Cell #: _____
 (optional)

Contact e-mail: _____ Fed ID # _____ Years in Business: _____
 (Required Information)

Description of Business _____

Business Type: Corporation Partnership Sole Proprietor LLC LLP State of Formation / Organization _____

Bank Reference	Name	Telephone	Account Number	Account Officer

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.

Owner / Guarantor Information:

Name _____ S.S.# _____ DOB _____ Phone _____

Home Address _____ City _____ State _____ Zip _____ % Company Ownership _____

Name _____ S.S.# _____ DOB _____ Phone _____

Home Address _____ City _____ State _____ Zip _____ % Company Ownership _____

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 Bank, N.A., its subsidiaries and affiliates (collectively "Wells Fargo") that (a) all information provided to Wells Fargo 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 credit application is made solely in connection with a commercial (and not a personal, family or household) transaction. 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 _____ Name _____ Date _____

Signature _____ Name _____ Date _____

DESCRIPTION OF EQUIPMENT TO BE FINANCED

Quantity	New/Used	Model - Description	Unit Cost	Total Cost

Term _____ Rate Program/Factor _____	Total Cost	_____
	Less Trade / Down payment	(_____)
Residual: _____ Advance Payments _____	Sales Tax (if applicable)	_____
	TOTAL TO FINANCE	_____

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

Tax Exempt: Yes _____ No _____ (If yes please provide copy of exemption certificate.)

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

Street _____ City _____ State _____ Zip _____ Fax _____