

Credit Application



Wells Fargo Vendor Financial Services - Office Imaging

1961 Hirst Drive, Moberly, Missouri 65270

Required items in bold italics. Personal information required if in business 5 years or less, or if 20 employees or less.

Customer	Company Legal Name	Phone Number
	Tradestyle/DBA	Federal Tax ID
	Billing Address	City State Zip
	Equipment Address	City State Zip
	Years in Business No. of employees	Business Description State of incorp
	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	
Parent Company Name	City State Zip	

Guarantor	Principal Name	Title
	Social Security #	Date of Birth
	Home Address	City State Zip
	Principal Name	Title
	Social Security #	Date of Birth
	Home Address	City State Zip

For vendor use only	Vendor Name	Vendor Number
	Contact	Phone Number
	Term of Agreement	Payment Factor
	Amount of Each Payment	
	Advance Payments <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> \$1 Lease Type <input type="checkbox"/> Lease <input type="checkbox"/> CPC <input type="checkbox"/> Rental
	Equipment Description	
	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished (by vendor) <input type="checkbox"/> Rebuilt (by manufacturer) <input type="checkbox"/> Discontinued New <input type="checkbox"/> Discontinued Used	
	Equipment Amount \$	Upgrade Amount \$ Total Cost \$

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, LLC 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, LLC to execute and file any UCC financing statements in its name upon approval of the application.

By (Signature) **X**

Authorized Representative of Credit Applicant

Title

Name Date

Please Print Name

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, LLC or its designee (and any affiliates, assignees or potential assignees thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature **X**

An Individual

Name Date

Please Print Name

Signature **X**

An Individual

Name Date

Please Print Name

EEOA 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, LLC 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: To help the United States Government fight terrorism and money laundering, it is 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.