

**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 _____	<b>Total Cost</b>	_____
Residual: _____	Advance Payments _____	<b>Less Trade / Down payment</b>	( _____ )
		<b>Sales Tax (if applicable)</b>	_____
		<b>TOTAL TO FINANCE</b>	_____

<b>Payment Amount</b>	\$ _____
+ Maintenance Payment	\$ _____
= TOTAL Payment	\$ _____

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

Dealer Jordan Power Cleaning Equipment Salesperson Tim Gregg Phone (330) 633-9444

281 Southwest Ave	Tallmadge	Ohio	44278	(234) 678-9466
Street	City	State	Zip	Fax