

# Credit Application for Construction Equipment



Wells Fargo Equipment Finance | Construction Group | 2700 S. Price Rd. 3<sup>rd</sup> Floor | MAC S3928-034 | Chandler, AZ 85286 | Phone: 877-248-7007

Send completed applications to Dealer Support by fax to 877-248-6955 or email [equipment.finance@wellsfargo.com](mailto:equipment.finance@wellsfargo.com)

<b>Dealer/Vendor Name</b> (Equipment Supplier) Runnion Equipment Co		<b>Dealer/Vendor Contact Name</b> Brad Runnion		Dealer/Vendor Phone # 800-824-6704	
Dealer/Vendor Address: 7950 W 47th Street Lyons, IL 60534				Dealer/Vendor Fax # 708-447-3730	
<b>Applicant Legal Name:</b>			<b>Tax ID No. (required)</b>		Phone #
<b>Physical Address:</b>					Fax #
Billing Address:					
Email Address		Website		Years in Business:	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual		Date of Birth	Country of Citizenship	Non-U.S.: Passport #	
Year of Management Change:	# of Employees:	Annual Revenue: \$		Backlog: \$	
Describe the nature of your business			Insurance Company Name		Phone #
<b>Will the equipment be used outside of the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Approx. Delivery Date:</b>					
<b>Will any payments be sent from a non-domestic location?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Do you have operations outside the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which countries?</b>					
<b>Need for Equipment:</b> <input type="checkbox"/> Growth <input type="checkbox"/> Replacement <input type="checkbox"/> Refinance					
Equipment Description (Quantity, Year, Make, Model, Serial #, Price):				Total Equipment Price:	\$
				Tax:	\$
				Less Down/Trade:	\$
				Doc Fees:	\$
				Finance Amount:	\$
*If lease, provide equipment location					
<b>Type of Financing Desired (choose one):</b> <input type="checkbox"/> Loan <input type="checkbox"/> Lease*(\$1.00) <input type="checkbox"/> Lease*(Fair Market Value) <input type="checkbox"/> Other _____			<b>Lease/Loan Term (months):</b> <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> Other _____		
Top Customer Name #1		Location (City, State)		% of Annual Sales	
Top Customer Name #2		Location (City, State)		% of Annual Sales	
Owner/Guarantor #1 Name	Cell Phone #	Email Address	Social Security #	% of Ownership	
Residence Address:		Country of Citizenship	Residence Phone #	Date of Birth	
Owner/Guarantor #2 Name	Cell Phone #	Email Address	Social Security #	% of Ownership	
Residence Address:		Country of Citizenship	Residence Phone #	Date of Birth	
Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:					
Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date filed and please explain:					
<b>Financial References:</b>					
Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #	
Bank or Equipment Finance Company	Account #	Contact Name	Phone #	Fax #	
<b>Signatures.</b> I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or your assigns or prospective assigns are authorized to check my credit (including credit bureau reports) and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you (i) to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request and (ii) to share this application and my financial information with your employees and other representatives who are involved in the evaluation of my application, including syndication parties and recourse providers. PATRIOT ACT Notice: 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. When you apply to open an account or to add any additional service, we will ask you for your name, address, and taxpayer ID number and other information that will allow us to identify you. We may also ask to see other identifying documents.					
Applicant Signature:			Applicant Signature:		
Print name:		Date:	Print name:		Date: