

Equipment and Vehicle Finance Application

\$35,000 Minimum



Fax Completed & Signed Application to 866-424-8411
or email to ryan.gulan@wellsfargo.com or julie.a.steffen@wellsfargo.com

Referring WF Banker Name:

Applicant Full Legal Name City of Rapid City		Phone No. 605.394.4143	
Address (Street Name, City, State, ZIP) 300 Sixth St		Fax No. 605.394.2242	
EMAIL ADDRESS pauline.sumption@rcgov.org		TAX ID No. (required) 46-6000380	
Organization Type Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>	Which State? <u>SD</u>	Nature of Business (required): Municipal Government	
Vendor Name (Supplier of Equipment) Unknown - going out for bids		Phone No.	
Vendor Address		Fax No.	
Equipment: New Equipment Purchase <input checked="" type="checkbox"/> Used Equipment Purchase <input type="checkbox"/>		Estimated Funding Date: <u>May 2012</u>	
Funds used for: Line of Credit <input type="checkbox"/> Reimbursement <input type="checkbox"/> Direct Dealer Purchase <input checked="" type="checkbox"/> Refinance <input type="checkbox"/>			
Equipment Description (include model year, if used) 2 Street Sweepers		Equipment Price \$500,000+/-	
		- Less Trade \$	
		- Less Down Payment \$	
Insurance Agent Black Hills Agency	Phone No. 605.342.5555	= Financed Amount \$500,000+/-	
Type of Financing Desired Loan <input type="checkbox"/> Lease/Purchase (\$1 purchase / \$101 in CA) <input checked="" type="checkbox"/> TRAC Lease (Vehicle) <input type="checkbox"/>		Lease/Loan Term <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input checked="" type="checkbox"/> 60	
Credit Information (Complete and sign this section on another application for more than 2 guarantors)			
Years in Business: <u>100+</u>	No. of Employees: <u>700+</u>	Annual Revenue <u>\$126million</u>	Largest Customer % of Sales _____%
			Largest Customer Name _____
Owner/Guarantor Name (Legal Name)	Date of Birth (MM/DD/YY)	Social Security No.	% of Company Ownership
Residence Address (Street Name, City, State, ZIP)			Residence Phone No.
Owner/Guarantor Name (Legal Name)	Date of Birth (MM/DD/YY)	Social Security No.	% of Company Ownership
Residence Address (Street Name, City, State, ZIP)			Residence Phone No.
Bank Reference Bank Wells Fargo	Banker Name Dennis Riske	Bank Acct No.	Year Opened Avg. Balance \$
Do you have a Wells Fargo Bank Commercial Loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If YES, What type?			\$ Amount?
Signatures <i>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 entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to whom you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.</i>			
PLEASE NOTE: If more than one Guarantor is listed above, each Guarantor must sign this application below.			
Applicant's Signature		Date	
Applicant's Signature		Date	

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. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.