



Wells Fargo Equipment Finance
Manufacturer Services Group

Customer:

Equipment Cost:

Check One Payment Option:

Vendor:

Salesperson:

No Prepayment

Email:

Phone:

Fax:

36 Months	60 Months	72 Months

6 Month Deferred*

Equipment Description:

36 Months	60 Months	72 Months

*The 6 months of deferred payments may have "contact" payment of \$99

- **84 Months Available (Subject to Credit Review)**
- **Your Existing Business May Qualify for No Personal Guarantees**
- **No Prepayment Penalty in Many Cases (Depending on Credit Approval)**

Subject to credit review - Applicable Tax to be added - Pricing Excludes Start-Up Chiropractors

Legal Business Name (check one)		Years in Business
Address (Street, City, State, Zip)		Federal Tax ID#
Business Email	Business Contact	
Equipment Location (If Different)		

Owner 1 Full Name (check one)		Corp. Only - TITLE
Home Address (Street, City, State, Zip)		
Social Security #	Email	Cell Phone

Owner 2 Full Name (check one)		
Home Address (Street, City, State, Zip)		
Social Security #	Email	Cell Phone

I hereby authorize the release of business and/or personal credit information to **FINANCIALCORP**, its affiliates or assignees (1) from any source including credit bureau reporting agencies and my bank for purpose of extending credit, (2) and to any credit reporting agency. Additionally, I hereby authorize the release of my application without notice, to any other non-related potential lending sources for consideration of approval of credit. I hereby represent all information is true, correct and complete! A photo static and/or facsimile copy of the authorization shall be valid as the original.

Signature	Date
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