



## **Credit Application**

## **Kobelco Financial Services**

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| Dealer Name: City:  |   |   |   |  |   |  | ty:  |  |   |   | Sales Rep:  |  |  |  |
|---|---|---|---|--|---|--|--|--|---|---|---|--|--|--|
| TRANSACTION   | Equipment Description (Quantity, Year, Make, Model, Serial #, Price):  Attach dealer quote or invoice if available                            |   |   |  |   |  |  |  |   |   | Total Equipmen Tax: Less Down/Trac  |  |  |  |
| TRAN  | Term: 24 36 48 60 Other   |   |   |  |   |  | Product:   | Loan   | Lease   | Doc Fees:<br>Finance Amoun  | t:  |  |  |  |
|   | Compar  | ny Legal  | Name:   |  |   |  |  |  |   |   | Phone Number:   |  |  |  |
|   | Company Legal Name:   |   |   |  |   |  |  |  |   | Federal Tax ID:   |   |  |  |  |
|   | Tradestyle/DBA: Business Address:   |   |   |  |   |  |  |  |   | City/State/Zip:   |   |  |  |  |
| CUSTOMER  | Equipment Address:  |   |   |  |   |  |  |  |   |   | City/State/Zip:   |  |  |  |
|   |   |   |   |  |   |  |  |  |   | vernment LLC LLP  |   |  |  |  |
|   | Time in business  |   |   |  |   |  |  |  |   |   | State of Formation:   |  |  |  |
|   | if less than 2 years, please explain industry experience  |   |   |  |   |  |  |  |   |   | Tax Exempt: Y N   |  |  |  |
|   |   |   |   |  |   |  |  |  |   |   | Contact:  |  |  |  |
|   |   |   |   |  |   |  |  |  |   |   | Phone:  |  |  |  |
|   | Affiliate companies: Y N (If yes, please include company name, Tax ID, address, business type, relationship to applicant)                     |   |   |  |   |  |  |  |   |   |   |  |  |  |
| GUARANTOR   | Name:   |   |   |  |   |  | DOB:   |  |   | SSN:  |   |  |  |  |
|   | Phone:  |   |   |  |   |  |  | % Owner:   |   | Director  | Member  | Officer  | Shareholder  |  |
|   | Home Address:   |   |   |  |   |  |  |  |   | City/State/Zip:   |   |  |  |  |
|   | Name:   |   |   |  |   |  | DOB:   |  |   | SSN:  |   |  |  |  |
|   | Phone:  |   |   |  |   |  | % Owner: Director  |  | Director  | Member  | Officer   | Shareholder  |  |  |
|   | Home Address:   |   |   |  |   |  | City/State/Zip:  |  |   |   |   |  |  |  |
| NSTRUCTION  | What type of work: Construction, describe: Rental House / Wholesaler Agriculture Logging Oil and Gas Mining Recycling/Refuse Other, describe: |   |   |  |   |  |  |  |   |   |   |  |  |  |
|   | Is your business seasonal? Y N If yes, months shut down   |   |   |  |   |  |  | own:   |   |   |   |  |  |  |
|   | Average monthly revenue:  Annual incomes:   |   |   |  |   |  |  | Average monthly expenses:  Annual expenses:  |   |   |   |  |  |  |
| Š   | Financing Purpose: Replacement unit Addition to existing  |   |   |  |   |  |  | visting floot  | •   |   |   |  |  |  |
| IST   |   | · ·   |   | •  | second pa   |  |  | xisting neet   |   |   |   |  |  |  |
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|   | Lender  | ender Account # or Serial #   |   |  |   |  | ial #  | Year/Make/Model  |   |   | Balance   |  | Monthly Payment  |  |
|   |   |   |   |  |   |  |  |  |   |   |   |  |  |  |
| pplica<br>WFVF:<br>entities<br>bbtain<br>eferent<br>inders<br>potent<br>jovern<br>ecord<br>rou for<br>and we<br>bigna | ation as an a<br>S") that the<br>s to whom<br>insurance i<br>aces, and co<br>igned furth<br>ial purchase<br>ment fight<br>information         | authorized<br>information<br>WFVFS ref<br>information<br>ontact any<br>er authorizers or assig<br>the fundin<br>in that iden<br>on address, a | represer<br>on stated<br>ers this a<br>n, and to<br>creditors<br>se each W<br>nees of tr<br>g of terro<br>tifies each | ntative of<br>in this ap<br>pplication<br>answer q<br>s of the u<br>/FVFS Parl<br>ansaction<br>risaction, narc<br>h person<br>yer identi<br>and othe | the Custom<br>polication is<br>(each a "W<br>uestions ab<br>undersignec<br>ty to share t<br>s that result<br>otics traffick<br>(individuals<br>fication nur | true and c<br>/FVFS Party<br>out their cr<br>I and author<br>his applicat<br>from this a<br>king, trans-r<br>or busines<br>mber that w | as in its indivi<br>correct. The ur<br>") are authori:<br>redit experien<br>orize any per-<br>tion, WFVFS's<br>pplication, an<br>national organ<br>ses) who oper<br>vill allow us to | dual capacity, a<br>ndersigned under<br>zed to check the<br>ce with the und<br>son so contacte<br>credit decision,<br>d the manufacturized crime, and<br>ins an account. V | nd certifies to cerstand that \(\begin{align*}{l} \) e credit and \(\epsilon \) e credit or release and the under urer and supplemoney launde \(\begin{align*}{l} \) what this mea may also ask laws.  Signat  Print: | Wells Fargo<br>WFVFS will re<br>imployment<br>undersigne<br>to such WFV<br>rsigned's info<br>ier of the sub<br>ering activitie<br>ns for you: W<br>to see other | Vendor Financial Se etain this application history of the under d authorize each WF VFS Party such inforor-mation, including oject equipment. No es, U.S. Federal law re vhen you open an acidentifying documer | rvices, LLC., n whether of sisigned (incl VFS Party to mation as s credit burea tice to App quires finan account or ac nts and infor | hat the undersigned is signing this its parent, and affiliates (collectively, or not it is approved. WFVFS and/or uding criminal background checks), o obtain credit bureau reports, credit uch WFVFS Party may request. The lu reports and credit references, with licants and Guarantors: To help the cial institutions to obtain, verify, and Id any additional service, we will ask mation relating to beneficial owners |  |
| itle:   |   |   |   | Date:  |   |  |  |  | Title:  |   |   | ate:   |  |  |