



Credit Fax 888-375-3288

Company Name _____

Address _____ **Phone:** _____

City _____ **County** _____ **State** _____ **Zip** _____ **Email:** _____

Attention _____ **Title** _____ **Years in Business** _____

Description of Business _____ **Fed ID #** _____ Corporation Partnership Proprietorship *(Required Information)*

BANKS **Name** _____ **Telephone** _____ **Account Number** _____ **Account Officer** _____

1. _____

2. _____

CREDIT & TRADE REFERENCE **Name** _____ **Contact** _____ **Telephone** _____

1. _____

2. _____

If individually owned, a partnership, or a closely held corporation, please include and complete the following:

Name _____ **S.S.#** _____ **Date of Birth** _____ **Telephone** _____

Address _____ **City** _____ **State** _____ **Zip** _____ Rent Own

Name _____ **S.S.#** _____ **Date of Birth** _____ **Telephone** _____

Address _____ **City** _____ **State** _____ **Zip** _____ Rent Own

I/We have applied to finance equipment. I authorize Wells Fargo Financial Leasing, Manufacturer Services Group to investigate the references listed above or other credit data, including reports from credit reporting agencies, which may be required as part of its normal credit approval procedures, and authorize that any such information requested may be released by telephone. **NOTICE: Wells Fargo Financial Leasing Manufacturer Services Group complies with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your lease application.**

Authorized this _____ Day of _____ 20_____

Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE LEASED

Quantity	New/Used	Model – Description	Unit Cost	Total Cost
Lease Term _____ Lease Rate Factor _____			Total Coast	
Purchase Option \$1.00 Number of Advance Payments 0			Less Trade In Allowance	
			Net to Finance	

Lease Payment	\$ _____
+ Maintenance Payment	\$ _____
= TOTAL Payment	\$ _____

Tax Rate _____

Dealer International Forklift Company, Inc. **Salesperson** Sal Andalon **Phone** 562.903.0940 Ext: 224

Street 12358 McCann Drive City Santa Fe Springs, State CA Zip 90670 Fax 562.90.5932

APPLICANT – DETACH AND RETAIN

Creditor's Name: Wells Fargo Financial Leasing, Manufacturer Services Group Creditor's Address: 300 Tri-State International, Lincolnshire, IL 60069

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wells Fargo Financial Leasing, Manufacturer Services Group Attn: Credit Manager, 300 Tri-State International, Suite 400, Lincolnshire, IL 60069 or (800) 570-3607 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Credit Protection Act (15 U.S.C. 1601 et seq.). The Federal agency that administers compliance with this law concerning this creditor is the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050. Wells Fargo Financial Leasing, Manufacturer Services Group, is a division of Wells Fargo Bank, N.A. Rev 1/10