

Credit Application

For Business Credit Card of up to \$50,000 and Equipment Express® Loan requests of up to \$100,000



J O N E S

For optimum accuracy and to help us efficiently process this application, please try to use block upper case letters avoiding the lines.

4 easy ways to apply

- Bring application to your nearest Wells Fargo location or
- Fax all three pages of the completed form to 1-800-382-7025 or
- Call us at 1-800-35-WELLS
- Mail all three pages to : Wells Fargo Business Direct
P.O. Box 29482
Phoenix, AZ 85038-9482

☐ Wells Fargo® Business Platinum Credit Card or ☐ Wells Fargo® Business Secured Credit Card

Please complete the Business and Personal Information sections in addition to this section.

A convenient way to pay for everyday business expenses. Turn purchases into valuable rewards by enrolling in the Wells Fargo Business Card RewardsSM program and earn one point for every dollar in net purchases.

Wells Fargo Business Platinum Credit Card
Amount Requested
(\$2,500 minimum; \$50,000 maximum)

\$

Wells Fargo Business Secured Credit Card
Amount Requested
(\$1,000 minimum; \$50,000 maximum)

\$

☐ Check here if this is a line increase request for an existing account.

Please print the Business Name as it should appear on your card.

Please print the Individual Name(s) as it should appear on your card. (Attach additional requests if needed.)

Individual Credit Line

\$

\$

\$

☐ **Foreign Status.** Please check the box if you and ALL other owners signing this agreement qualify for Foreign Status. If checked, all account owners must complete and sign a Substitution Form W-8BEN, Certificate of Foreign Status of Beneficial Owner to prevent forfeiture of all interest payments associated with this account(s).
Applicable to Business Secured Card only.

Wells Fargo Business Secured Credit Card customers, check one of the following:

☐ Transfer funds from my current Wells Fargo checking or savings account.

Wells Fargo Account #

☐ Transfer funds from my checking account at:

Financial Institution Name

Account #

Transit Routing # (9-digit number at the bottom of your checks between the two |: symbols)

☐ I have enclosed a personal check, cashier's check or money order payable to Wells Fargo.

Additional Benefits:

☐ **Business Card Rewards.** Check here to enroll. Earn one point for every dollar charged to each card. \$50 annual fee per business. Redemption fees may apply.

☐ **Consolidated Billing.** Check here to get one bill and make one payment for all business cards on your account.

☐ **Memo Statements.** Check here to have monthly transaction history sent to each cardholder as a reference. Memo statements are only available when Consolidated Billing has been selected above.

☐ **Overdraft Protection.** Cover overdrafts on the Wells Fargo Business Checking Account listed below. I have read the disclosure, including costs, at the bottom of this page.[†]

Wells Fargo Business Checking Account #

☐ **Optional Credit Protection Program.** Yes! Please defer my monthly Business Platinum card payments and stop interest and fees from accruing if I were to become disabled and unable to work as described on Page 3 of this application. I have read and understood the entire Credit Protection Program Summary and cost information on Page 3 of this application (not available for Business Secured card).

☐ **Automatic Payment.** Please complete this section if you wish to set up automatic payments.

Monthly Payment Options:

☐ Minimum Payment: total of interest and fees plus any amounts past due (subject to a minimum amount. See Customer Agreement).

☐ Full Payment: 100% of balance shown on statement.

Business Checking Account #

Transit Routing # (9-digit number at the bottom of your checks between the two |: symbols).

Coupon Code (Bank use only)

☐ Wells Fargo Equipment Express® Please complete the Business and Personal Information sections in addition to this section.

A fast and flexible term loan to purchase new and used business equipment and vehicles. Your credit approval is good for 6 months, so whether you are buying right now, or months from now, you will have the credit available when you need it. Plus, you can make multiple purchases up to the amount of your available credit.

Use of Proceeds:

Additional Benefits:

☐ **Automatic Payment.** Please complete this section if you wish to set up automatic payments (complete account information at right).

Business Checking Account #

Transit Routing # (9-digit number at the bottom of your checks between the two |: symbols)

Coupon Code (Bank use only)

Amount Requested
(\$10,000 minimum)

\$

[†]The charge for each Overdraft Protection advance is based on the amount of the advance as follows: Up to \$25, \$10; \$25.01 to \$100, \$12.50; \$100.01 to \$500, \$15; \$500.01 or more, \$20.

Business Information

Legal Name (under which tax returns are filed)

Business Name (or DBA Name)

Business Address (street address required—no P.O. Boxes)

City

State

Zip

Mailing Address (if different)

City

State

Zip

Business Phone Number

Gross Annual Revenue

Business Bank Accounts

Financial Institution #1 Name

Checking & Savings Combined Balance

Financial Institution #2 Name

Checking & Savings Combined Balance

☐ Please check if your business provides foreign currency exchange, money transfer, or cash back on checks; or if your business sells, issues or exchanges traveler's checks, money orders, or stored value gift cards totaling more than \$1,000 for any person per day.

Date Originally Established (even if under different ownership)

Federal Tax ID Number

Country where business is headquartered, if not U.S.

Type of Business (check one)

- ☐ Agriculture/Forestry/Fishing ☐ Finance/Insurance
☐ Transportation/Communications/Utility ☐ Real Estate ☐ Service
☐ Wholesale Trade ☐ Retail Trade ☐ Construction/Mining
☐ Other: _____

Type of Product/Service (provide below)

Type of Ownership (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ Ltd. Liability Company ☐ Ltd. Partnership ☐ Nonprofit*
☐ Other: _____

Personal Information

Owner #1 Name

Social Security Number

Date of Birth (dd-mm-yyyy)

% Business Ownership

If you are not a U.S. Citizen, what is your country of citizenship?

Home Address

City

State

Zip

Home Phone Number

Gross Annual Household Income (include all household income received)

Personal Bank Accounts:

Financial Institution #1 Name

Checking & Savings Combined Balance

Financial Institution #2 Name

Checking & Savings Combined Balance

Owner #2 Name

Social Security Number

Date of Birth (dd-mm-yyyy)

% Business Ownership

If you are not a U.S. Citizen, what is your country of citizenship?

Home Address

City

State

Zip

Home Phone Number

Gross Annual Household Income (include all household income received)

Personal Bank Accounts:

Financial Institution #1 Name

Checking & Savings Combined Balance

Financial Institution #2 Name

Checking & Savings Combined Balance

\$Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered. Owner #2 should not report any household income or account balances also claimed by Owner #1.

*Financial Statements are required for non-profit organizations in addition to the loan application if the amount requested is more than 50% of the organization's deposit relationship with Wells Fargo Bank.

New Account Identification Requirements: 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 and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Agreement and Personal Guarantee

By signing below, I certify that I am authorized to submit this application on behalf of the business named above ("Applicant") and that all information and documents made in connection with this application, including federal and state income tax returns (if any), are true, correct and complete. I authorize Wells Fargo Bank, N.A. ("Bank") to obtain balance and payoff information on all accounts requiring payoff as a condition of approving this application and to obtain at any time consumer and business reports from and to report credit information to others, including the Internal Revenue Service and state taxing authorities, about me and my business, both in connection with this application as well as any review, extension or renewal of the credit granted pursuant to this application. I agree to notify Bank promptly of any material change in such information. I acknowledge that (i) this application is subject to final approval of the Applicant and its owners, and that (ii) additional information (i.e., financial statements and/or tax returns) may be required in order for Bank to make a final credit decision. A facsimile of my signature, in any capacity, may be used as evidence of the Applicant's acceptance of these agreements. Note: Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is the co-owner of the business. **If the Applicant is a legal entity, all owners must sign below and include their titles and provide information required on the Personal Information Section above.**

By signing below, I also, **in my individual capacity** (even though I may place a title or other designation next to my signature), jointly and severally unconditionally guarantee and promise to pay to Bank all indebtedness of the Applicant at any time arising under or relating to any credit requested through this application, as well as any extensions, increases or renewals of that indebtedness. As guarantor, I waive (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Applicant or other guarantor; and (iii) the right to require Bank to proceed against the Applicant or any other guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify guarantor of any additional indebtedness incurred by the Applicant, or of any changes in the Applicant's financial condition. I also authorize Bank, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more guarantors without proceeding against the Applicant or another guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. I agree (i) I will pay Bank's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty will be governed by South Dakota law; and (iii) this guaranty shall benefit Bank and its successors and assigns; and (iv) an electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty.

For Wells Fargo® Business Secured card applicants only: I acknowledge that it is a condition of the granting of the Business Secured card account ("Account") that I open a business account with the Bank ("Collateral Account"). In consideration of the opening of the Account I grant to Bank a security interest in, assign, transfer and set over to Bank all rights, title and interest I may have in the Collateral Account, every addition to and replacement or renewal of the Collateral Account, and the proceeds of the same, as security for the obligations of the Applicant under this Agreement and authorized signature, the Business Secured card Customer Agreement ("Customer Agreement") (including but not limited to interest, fees and costs), and the Terms Applicable to Collateral Account. I agree that Bank has the right to redeem, collect and withdraw any part of the full amount of the Collateral Account upon default under the Customer Agreement, or in the event my Account is terminated by Bank for any reason. I agree that if my Business Secured card account is closed for any reason, the Collateral Account shall remain on deposit for 30 days. **Withholding Status:** Under penalties of perjury, I certify that (1) the Social Security Number provided for this application is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding. Note: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

For Wells Fargo Equipment Express® and Wells Fargo® Business Platinum credit card applicants only: By signing below, I agree on behalf of the Applicant to be bound by the terms of the Customer Agreement and other written documentation that will be sent to Applicant and to pay Bank's costs and attorneys' fees in enforcing the Customer Agreement and other written documentation. I further agree that use of any feature of the *Equipment Express* loan or *Wells Fargo Business Platinum* credit card may be used as evidence of the foregoing authorizations, acceptances, and agreements. If approved, the actual credit granted may be less than the preferred amount. If the actual credit granted is less than the preferred amount for my *Wells Fargo Business Platinum* credit card, individual credit lines will be reduced proportionately.

Optional Credit Protection Program: defers payments on your Business Platinum credit card account for up to 12 months if you become disabled and unable to work. Credit Protection is a temporary deferment product only. It is not a waiver or cancellation of any amounts due on your credit account. Fees will be assessed on your average daily balance. You agree to pay the Credit Protection fees (\$0.35/\$100 of average daily balance) as charged based on the average daily balance for the Primary Account and all Linked Accounts. If Credit Protection fees are not paid in full each month, fees will become part of the account balance and interest will accrue. A disability is defined in the Customer Agreement as an illness or injury that precludes you from performing your daily work duties, subject to certain exceptions. To request deferment of your Business Platinum card payments, you must be certified disabled by a medical physician. In order to be eligible for deferment, you must have made one or more monthly payments and paid at least one Credit Protection monthly fee before the deferment is requested and approved. The number of months of deferment cannot exceed the number of months paid into Credit Protection. The maximum deferment period is 12 months. Once you have enrolled, you will receive complete Terms and Conditions for the Credit Protection Program. Credit Protection is available in all states.

Owner #1 Signature	Title	Date	Owner #2 Signature	Title	Date

Bank Use Only

If Application is returned to store, send to Business Direct (MAC: S4101-07A) or fax to 1-800-382-7025.

Bank Sales Representative	Employee ID Number
Phone Number	Fax Number
	AU