



Product Information:

Trade Names of Product(s) _____ Projected Annual Sales Volume \$ _____
 Product Type/Line(s) _____ Referred By _____
 Primary Market Served US Canada Other
 If "Other," provide the top three primary markets where Applicant does _____
 10% or more of Applicant's business, including the sourcing and sales side: _____

Vendor Applicant ("Applicant") Information:

(For sole proprietors, enter the legal name of the owner/sole proprietor)

Legal Business Name of Applicant _____	State of Incorporation or Residence _____
DBA Name (If any) _____	Year Established _____
Phone _____ Fax _____ Cell _____	Years Under Present Owner _____
Email Address _____	Website www. _____
Primary Physical Address _____ <small>(This is your Headquarters' Address – no P.O. Boxes)</small>	Federal Tax ID _____
City, State ZIP, Country _____	General Nature of Business _____
Registered Address _____ <small>(This is the Address on your Formation Documents -- no P.O. Boxes)</small>	_____
City, State ZIP, Country _____	_____
Key Contact Name _____	_____
Key Contact Phone _____ Email _____	_____

(Internal Use Only)

NAIC Code _____

Entity Information:

Business Type: Corporation General Partnership Limited Partnership LLC - Member Managed LLC - Manager Managed Sole Proprietor
 Is Applicant or parent of Applicant a publicly-traded company? Check here if neither
 For selected entity: Exchange Name _____ Ticker Symbol _____
 Listed Longer than One Year? Yes No Market Cap Greater than \$75MM? Yes No

Dealer Base Information:

Current Open Account Terms and/or Cash Discounts Provided: _____
 Current Floor Plan Sources and Terms: _____
 Number of Dealers: _____

Bank and Bank Loan Information: (check box if not applicable)

Bank Name _____ Method of Payment to Wells Fargo ACH Wire Check Other _____
 Contact Name _____ Contact Phone _____ Contact Email _____
 Bank Credit Line \$ _____ Current Outstandings \$ _____ Expiration Date _____
 Subject to Borrowing Base? Yes No If Yes, attach a copy of Borrowing Base Certificate and indicate Advance Rates
 Subject to Covenants? Yes No If Yes, attach a copy of Covenant Compliance Certificate

Additional Document Requirements:

- Last two years FYE financial statements
- Current interim financial statement if FYE statement is greater than 3 months old
- Business plan/financial projections
- Current dealer list
- Corporations – provide Articles of Incorporation; Partnership – provide Partnership Agreement; LLC – provide Operating Agreement; Trusts – provide Trust Agreement; Sole Proprietors—provide Tax Return (for each of the foregoing, include any and all amendments)
- Copy of current Form W-9 Request for Taxpayer Identification Number and Certification; SS-4 Application for Employer Identification Number; or current Income Tax Return
- For all non-public companies, provide all requested Certifications of Beneficial Owners

Additional Questions:

Please answer yes or no to the following business purpose and activity questions related to your business and any principals, key stakeholders, or key individuals with significant responsibility for managing the Applicant, including but not limited to any officers, senior managers, owners with a 25% or greater ownership interest, signers authorized to bind the Applicant, controlling parties, or any affiliates related to the business (each a "Related Party"). All questions require a response.

Has Applicant and/or any Related Party done business with Wells Fargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has Applicant and/or any Related Party ever defaulted with any Wells Fargo line of business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has Applicant and/or any Related Party filed bankruptcy/insolvency? If YES and within 10 years, attach explanation, discharge papers and list of creditors.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has Applicant and/or any Related Party been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does Applicant and/or any Related Party sell arms or armaments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has Applicant and/or any Related Party ever operated a marijuana dispensary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does Applicant and/or any Related Party include ownership currently evidenced by, or with the ability to issue ownership shares in bearer form or bearer warrants.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is Applicant and/or any Related Party either (a) a non-US Money Service Business or a Mexican Casa de Cambio, or (b) a US Money Service Business that includes 25% or more ownership by a Mexican Casa de Cambio? (A Mexican Casa de Cambio is a nonbank financial institution (currency exchanger) that provides a variety of financial services and is regulated by the Mexican government. A Mexican Casa de Cambio is a foreign Money Service Business)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Applicant and/or any Related Party a non-U.S. shell bank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Applicant and/or any Related Party a Virtual Currency Exchanger?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does Applicant and/or any Related Party intend to engage in payable through accounts with Wells Fargo? (A payable-through account (PTA) is a demand deposit account through which banking agencies located in the United States extend check writing privileges to the customers of other institutions, often foreign banks.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does Applicant and/or any Related Party intend to engage in third party check clearing with Wells Fargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does Applicant and/or any Related Party intend to engage in Inbound Payable Upon Proper Identification (PUPID) transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Applicant and/or any Related Party associated with internet gambling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The undersigned hereby warrants that all of the information provided in this Vendor Application is true and correct in every respect. The undersigned hereby further warrants that the attached financial statement(s) accurately represents, in every respect, the true and correct financial condition of the Applicant.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When Applicant opens an account, Lender will ask for the name(s), address(es), date(s) of birth, and other information that will allow Lender to identify Applicant, and its owner(s) and guarantor(s) as applicable. Lender may also ask to see driver's licenses or other identifying documents related to Applicant, and its owner(s) and guarantors as applicable.

AUTHORIZED REPRESENTATIVE REQUIRED TO SIGN BELOW

Applicant Signature _____	Date _____
Print Name _____	Title _____

Please sign, print and return the above application, along with any required attachments