



# Credit Application

Return completed form to your Tigercat Dealer or  
Email: sales@tigercatfinance.com Fax: 1-866-217-9849



Dealer Name: \_\_\_\_\_ City: \_\_\_\_\_ Dealer Sales Rep: \_\_\_\_\_

TRANSACTION	Equipment Description (Quantity, Year, Make, Model, Serial #, Price): <i>Attach dealer quote or invoice if available</i>		Total Equipment Price:	
			Tax:	
			Less Down/Trade:	
			Doc Fees:	
Financing Purpose: <input type="checkbox"/> Replacement Unit <input type="checkbox"/> Additional to existing fleet		Product: <input type="checkbox"/> Loan	Finance Amount:	
Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other				

CUSTOMER	Company Legal Name:		Phone Number:	
	Tradestyle/DBA:		Federal Tax ID:	
	Business Address:		City/State/Zip:	
	Equipment Address:		City/State/Zip:	
	Type of Business: <input type="checkbox"/> S-Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
	Time in Business:		State of Formation:	Tax Exempt: <input type="checkbox"/> Y <input type="checkbox"/> N
	Bank Reference:		Contact:	Phone:
Affiliate companies: <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please include company name, Tax ID, address, business type, relationship to applicant)				

GUARANTOR	Name:		DOB:	SSN:
	Phone:		% Owner:	<input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder
	Home Address:		City/State/Zip:	
	Name:		DOB:	SSN:
	Phone:		% Owner:	<input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder
	Home Address:		City/State/Zip:	

FORESTRY	Work: <input type="checkbox"/> Logging (____% Hard Wood, ____% Soft Wood) <input type="checkbox"/> Chipping <input type="checkbox"/> Land Clearing <input type="checkbox"/> Biomass Recovery <input type="checkbox"/> Other:																	
	Who owns timber you harvest: <input type="checkbox"/> Myself <input type="checkbox"/> Privately Held Land <input type="checkbox"/> State/Federal/Province <input type="checkbox"/> Sawmill/Pulp Mill <input type="checkbox"/> Other:																	
	Is your business seasonal: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, months shut down:		Average monthly revenue:															
	Crews you run (#):		Crews you subcontract (#):															
	Average monthly expenses:																	
	Customers: Include Name, Contact, Phone #, Business Relationship, Average loads per month. <i>Use second page if necessary.</i>																	
	Equipment owned/leased: <i>Use second page if necessary.</i>																	
<table border="1"> <thead> <tr> <th>Lender</th> <th>Account # or Serial #</th> <th>Year/Make/Model</th> <th>Balance</th> <th>Monthly Payment</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Lender	Account # or Serial #	Year/Make/Model	Balance	Monthly Payment										
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**Certification.** The undersigned understands and agrees that the undersigned is signing this application as an authorized representative of the Customer, as well as in its individual capacity, and certifies to Wells Fargo Vendor Financial Services, LLC., its parent, and affiliates (collectively, "WVFS") that the information stated in this application is true and correct. The undersigned understand that WVFS will retain this application whether or not it is approved. WVFS and/or entities to whom WVFS refers this application (each a "WVFS Party") are authorized to check the credit and employment history of the undersigned (including criminal background checks), obtain insurance information, and to answer questions about their credit experience with the undersigned. The undersigned authorize each WVFS Party to obtain credit bureau reports, credit references, and contact any creditors of the undersigned and authorize any person so contacted to release to such WVFS Party such information as such WVFS Party may request. The undersigned further authorize each WVFS Party to share this application, WVFS's credit decision, and the undersigned's information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application, and the manufacturer and supplier of the subject equipment. **Notice to Applicants and Guarantors:** To help the government fight the funding of terrorism, narcotics trafficking, transnational organized crime, and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents and information relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal laws.

Signature: \_\_\_\_\_  
 Print: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Print: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_