

BUSINESS CREDIT APPLICATION



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- Check** a. If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections 1, 2 and 3.
- Appropriate** b. If you are applying for individual credit and are married and live in a community property state, complete all Sections including Section 4 providing information about your spouse. Your spouse should not sign as "Co-Applicant." "Spouse" includes a domestic partner given the community property rights and obligations of a spouse.
- Box** c. If this is an application for joint credit, complete all Sections providing information in Section 4 about the co-applicant and initial below.

We intend to apply for joint credit: _____ Applicant initial _____ Co-Applicant initial

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

Check appropriate box:


- Individual Sole Proprietorship Partnership LLC Corporation Other _____
- Charter State: _____
- Years in Business: _____

SECTION 1 BUSINESS INFORMATION

Legal Business Name		Trade/Fictitious Name (dba)		Business Telephone, Check if cell <input type="checkbox"/>		General Purpose of Credit: <input type="checkbox"/> Personal <input type="checkbox"/> Business	
Business Address		City	State	Zip	Type of Business		
Business Email Address	Business Website Address	Gross Revenues Last Year \$		Profit Last Year (After Taxes) \$		Tangible Net Worth Last Year \$	
Federal Tax I.D. Number							

List the names of all owners, general partners, members or corporate officers:

Name:	Title:	Percentage Ownership:



If sole proprietorship or other business operating under a trade or fictitious business name, attach a copy of filed fictitious business/trade name statement.

If a chartered entity such as a corporation, partnership or limited liability company, attach the resolution, agreement or other document authorizing the entity to enter into the contemplated credit transaction and naming the person(s) authorized to bind the entity on this application and the credit transaction.

All Applicants, attach last 2 years' financial statements and/or tax returns.

SECTION 2 BANK AND CREDIT REFERENCES

Business Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name	Phone	Facsimile	Relationship Since	Bank Account No.	Bank Reference Contact
Previous Bank If Above Less Than 2 Years: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name	Phone	Facsimile	Relationship Since	Bank Account No.	Bank Reference Contact
Credit References:	Name	Phone	Facsimile	Relationship Since	Account No.	Creditor Reference Contact

Company From Which Last Vehicle <input type="checkbox"/> Financed Or <input type="checkbox"/> Leased	Name	Phone	Facsimile	Relationship Since	Account No.	Monthly Charge \$	<input type="checkbox"/> Active Acct. <input type="checkbox"/> Closed Acct.
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SECTION 3 VEHICLE USE

Principal Operator: Name		Home Address		Position	Years Associated
Driver's License No.	State	Address Where Vehicle Will Be Garaged			

- Vehicle will be used for: hired transportation of goods hired transportation of people subleasing hazardous material transportation
- employee transportation other _____

SECTION 4 CO-APPLICANT INFORMATION ■ NON-APPLICANT SPOUSE

LAST NAME (PRINT)	LEGAL FIRST NAME	PREFERRED FIRST NAME	INITIAL	BIRTH DATE	DRIVER'S LIC. NO./STATE OF ISSUANCE	SOCIAL SECURITY/FED. ID NO.
RESIDENCE ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.
VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM RESIDENCE)		CITY		STATE	ZIP	
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)				HOW LONG? YRS. MOS.	E-MAIL ADDRESS	
HOME LAND LINE ()	WORK LAND LINE ()	CELL PHONE ()		OTHER PHONE, CHECK BOX IF CELL PHONE <input type="checkbox"/> ()		
OCCUPATION OR RANK	<input type="checkbox"/> EMPLOYER/ <input type="checkbox"/> SELF-EMPLOYED				HOW LONG? YRS. MOS.	
EMPLOYMENT ADDRESS		CITY		STATE	ZIP	
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)		ADDRESS				HOW LONG? YRS. MOS.
PERSONAL REFERENCES	NAME	ADDRESS		PHONE ()		
	NAME	ADDRESS		PHONE ()		

Education High School Graduate Some College 2yr College Degree 4yr College Degree Specialized Training

INCOME:

Joint Applicant or other party's gross monthly income from employment \$ _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Amount \$ _____

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

<input type="checkbox"/> Own House	Landlord or Mortgage Holder	Price Paid For House	Mortgage Balance	Payment or Rental
<input type="checkbox"/> Renting	Address of Landlord/Mortgage Holder City State	\$	\$	\$
<input type="checkbox"/> Living with Parents		Estimated Value	2nd Mortgage Amount	Payment
Last Vehicle Purchased or Leased (Make, Model, Year)		Financed By		Address
Bank Reference		Branch		Balance \$
				Balance \$
Have you ever had any property repossessed?		Do you have any suits pending against you?		Have you filed Bankruptcy in the last 10 years?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you previously financed or leased a vehicle through your dealer and Toyota Financial Services? No Yes If yes, provide account number(s) _____

SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION AND REQUIRED SIGNATURES.

STATE SPECIFIC DISCLOSURES

Notice to California Residents: Applicant, if married, may apply for a separate account.

Notice to Maine, Rhode Island and Tennessee Residents: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

Notice to New Hampshire Residents: **If you are applying for a balloon payment contract, upon request and before entering into the balloon payment contract, you are entitled to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor’s existing refinance programs.** A balloon contract is an installment sale contract with a scheduled final payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

Notice to New York Residents: In connection with this application, we may request a consumer report on you. If you request, we will inform you whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report. Additional consumer reports may be ordered without further notice to you in connection with any update, renewal or extension of credit granted.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Notice to Rhode Island Residents: Credit Reports may be obtained in connection with this application for credit.

Notice to Wisconsin Residents: No provision of any marital property agreement, unilateral statement (under Wis. Stat. 766.59), or court decree (under Wis. Stat. 766.70), applied to marital property, adversely affects your creditor’s or lessor’s (your “Creditor”) interest unless your Creditor is furnished a copy of such agreement, statement, or decree to or your Creditor has actual knowledge of such adverse provision before credit is granted. If the credit is granted to you pursuant to this application, your spouse will also receive notification that credit has been granted to you.

WISCONSIN STATEMENT OF MARITAL PURPOSE: I am applying for credit which, if granted, will be incurred in the interest of my marriage and family.

Signature _____ Date _____

Signature _____ Date _____

GENERAL DISCLOSURES AND AGREEMENTS

MINIMUM PHYSICAL DAMAGE INSURANCE IS REQUIRED FOR THE FULL TERM OF THE INSTALLMENT OR LEASE CONTRACT to protect all interests thereunder against collision, fire, theft and the additional hazards covered by Combined Additional Coverage. **YOU MAY CHOOSE THE PERSON THROUGH WHICH ANY OF THIS INSURANCE IS OBTAINED.**

Fair Credit Reporting Act Disclosure

This application for credit will be submitted to the following financial institutions for purchase or consideration as to whether it meets purchase guidelines.

Financial Institution Names and Addresses:

Toyota Financial Services, PO Box 105386, Atlanta, GA 30348-5386

Application Statement. The undersigned (individually or collectively, the “Signer”) understands and agrees as follows. This Application is to finance a business purchase or lease of one or more vehicles. The Dealer and any creditor to which Dealer submits this Application will rely on the information and documents furnished in connection with this Application in making their respective credit decisions and such information and documents are complete, true and correct and accurately represent the financial condition of the Signer. The Signer has no knowledge of any liabilities, contingent or otherwise, not reflected in this Application or the information or documents provided in connection with this Application. Since the date of the most recent financial statement provided in connection with this Application, there have been no material adverse changes in the financial condition of the Applicant business.

The Signer authorizes Dealer and any creditor to which Dealer submits this Application, together with any affiliates, agents, service providers or assignees of the Dealer or creditor (individually or collectively, the “Creditor”) as follows. Creditor may investigate the Signer’s credit and employment history, obtain credit reports on the Signer and contact the Signer’s references in connection with this Application. If an account is opened in response to this Application, Creditor may obtain credit reports on the Signer for the review, update, extension or collection of the account or other legitimate business purpose related to the account; contact the Signer’s references and other creditors in connection with the collection of the account including the location of any vehicle financed or leased by Creditor; and release information about Creditor’s credit experience with the Signer as permitted by law.

Creditor may call the Signer, leave the Signer voice, prerecorded or artificial voice messages or send the Signer a text, email or other electronic message for any purpose related to the Signer’s accounts with Creditor, Creditor’s products and services, or surveys or research (each a “Communication”). Creditor may include Signer’s personal information in a Communication and conduct a Communication using an automated dialing machine and any contact information Creditor has for the Signer, including a cell phone number. Creditor will not charge the Signer for a Communication but the Signer’s service provider may. The Signer understands and agrees, Creditor may always communicate with the Signer in any manner permissible by law that does not require the Signer’s prior consent.

Name of Applicant

By: _____

Date

Print Name and Title

Name of Co-Applicant

By: _____

Date

Print Name and Title