



SignatureBUSINESS®

INFIN	ITI.	В		redit Applic	ation							
DEALER INFORMATION		PLEASE USE BLACK INK PROGRAM TYPE:						Retail				
DEALER NAME DEALER NUMBE			R DEALER CONTACT			_				Lease		AC
NOTICE TO OHIO APPLICANTS: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY 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.												
BUSINESS INFORMATION				O OIVIE INGITTO COMMI		(O OOMI LIA	NOL WI	III IIIIO LA	۷۷.			hi visa
Corporation C LLC Non-Profit Tax ID Number S Trust Partnership										Year-End PBT \$		
Legal Business Name				Type of Business								
Physical Address			City		State	Zip Code		Phone ()				
Billing Address (if other than above)			City		State	Zip Code Phone ())			
Garage Address (if other than above)	Primary Driver Name			Phone ())					
State of Organization	tate of Organization Email Address			Trade Name/DBA/Parent Company			Phone ()					
Principal Name (1)	rincipal Name (1) Address						Title			% Ownership		
Principal Name (2) Address						Title				% Ownership		
Principal Name (3)				Title				% Ownership				
If more than three Principals, Please attach	separate sheet listing in	ormation.										
Vehicle Fleet Management Contact			Title		Phone ())			Email			
Address (including city, state, zip)												
Bank and Auto Financing or Othe Financial Institution	Unpaid Balance	ce Contact Phone										
		3			3							
Individual (First Name, Middle Initial, Last Na					Social Security No).				Date of Bi	rth	
Present Address: (Number and Street)				City		State				Zip Code		-
Home Phone	Own/Buying		Living with Relative	e []	Lived There	L		Driver's Lic	ense No	o. & State		
Alternate Phone (Cell, Pager)	Rent/Lease Employer Name & Add	ress	Other		Yrs	_ Mos. Main Busin	ess #	******		Time on Jo	ob	
Previous Employer/Business (if less than 2	years) Employe	Name & Address				() Phone Num	nber	A-1-1-1		Yr:		os.
() Monthly Income	Secondary Income		Source			()	!		Gross	Monthly Inc	s Mo	
\$	\$					limony, child support or separate maintenance income need not be revealed you do not wish to have it considered as a basis for repaying this obligation.				monany me	20.110 110111 20	2011000
Mortgage Holder/Landlord (Name & Addres	Contact			Monthly Payment \$				Phone ()				
Bank Name and Address				1		Account #				Phone (
Nearest Relative (Not living with you)			Relationship		Address					Phone		
Personal Reference			Relationship	•	Address				-	Phone		
Personal Reference			Relationship	*. ·	Address					Phone		
Personal Reference			Relationship		Address				-	Phone		
SIGNATURE										()		
NOTICE: I, THE UNDERSIGNED, H				R ACCEPTANCE CO								
ABOUT CREDIT EXPERIENCE WITH ME	. IF THIS APPLICATIO	N IS MADE PURSU	IANT TO ANY CREE	DIT PROGRAM FOR AT	TTENDEES AND/O	R GRADUAT	TES OF	SCHOOLS	OR ED	DUCATION	AL INSTITUT	TIONS,
THEN PROSPECTIVE CREDITORS MAY CREDIT FOR WHICH I AM APPLYING MA												
FOR CREDIT, PROSPECTIVE CREDITOR NAME AND ADDRESS OF THE AGENC								T WAS AC	TUALLY	' ORDERE	D AND IF SO	O, THE
I AUTHORIZE PROSPECTIVE CREDITO	RS TO ASK MY PAST	AND CURRENT C	CREDITORS ("CRE	DIT REFERENCES"), I	NCLUDING CRED	ITORS LISTI	ED ABO	VE OR ON	1 MY C	REDIT REI	PORT, ABO	UT MY
CREDIT PERFORMANCE WITH THEM A SHALL BE A CONTINUING AUTHORIZA	TION FOR ALL PRESE	ENT AND FUTURE F	REQUESTS AND D	ISCLOSURES. PROVIS	GENCIES, INFORM SION BY PROSPEC	ATION ABO CTIVE CRED	UT MY A DITORS (ACCOUNT: OF A COP	S AND Y OF TI	CREDIT E HIS AUTH(XPERIENCE DRIZATION :	E. THIS SHALL
SERVE AS MY DIRECTION THAT MY CF					NAU EDOE AND O		O MAY EN	ITIDE ADD	N IOATI	ON FOR C	DEDIT MIT	
EVERYTHING THAT I HAVE STATED IN PROSPECTIVE CREDITORS. I UNDERS' CABLE, WITHIN A REASONABLE TIME	TAND THAT PROSPEC	TIVE CREDITORS	WILL RETAIN THIS	APPLICATION WHETH	HER OR NOT IT IS	APPROVED.	. I WILL I	NOTIFY PR	OSPEC	ON FOR C	DITORS, IF	APPLI-
TO THE EXTENT PERMITTED BY LAW, I ON NUMBERS AND ANY PHONE NUMBERS OR PRE-RECORDED VOICE.	CONSENT THAT YOU, LISTED ON THIS DOO	YOUR ASSIGNEES CUMENT, BY ANY N	S, AND YOUR AGEN MEANS YOU SELEC	NTS MAY CONTACT MI CT, INCLUDING AN AUT	E AT ANY TELEPHO TOMATIC TELEPHO	ONE NUMBE ONE DIALING	:R YOU I 3 SYSTEI	HAVE FOR M, TEXT ME	ME, INC ESSAG	CLUDING / ING, AND/	ANY CELL P OR AN ARTI	'HONE IFICIAL
Company:				X SIGNATURE OF	DATE							
By (signature):	By (signature):									DAIE		
Title:		D;	ate									



BORROWING RESOLUTION FOR BUSINESS CONTRACTS (Corporations/Partnerships/Limited Liability Companies)

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"RESOLVED, that any		[officials' titles,
such as president, vice president, treas	surer, secretary, general pa	rtner, member or manager] of this
·		business entity type, for example,
corporation, partnership or limited lia		
organization, to enter into any one or	-	
agreements, retail installment contracts,	•	
documents with Infiniti Financial Servic		- •
interest, and/or any party that has assign	- · · · · · · · · · · · · · · · · · · ·	•
similar documents to them (hereinafte		• •
execute and deliver such aforemention	<u> </u>	ř
instruments, schedules, modifications,		
behalf of this organization, in such sums	•	_
advisable. The authority given in this reso		
prior to the passage of this resolution are	*	· · · · · · · · · · · · · · · · · · ·
continue in full force and effect until writt	·	•
Party at its headquarters office or by its as is free to assign any of the obligations to	,	
shall continue to be fully bound to any as	•	willout notice, and this organization
shall continue to be fully bound to any as	signee.	
l. [L	ındersigned's name],	. *
[business title, for example, Se		
•	·	ion's legal name] hereby certify that
this organization is formed under the law		
true copy of a resolution properly and le		
this organization at a properly convene		
amended or revoked and is still in full for	ce and effect.	
I further certify that the following persons		ter their respective names, now hold
the positions referred to in the above reso	olution:	
Office or Position	Name	Signature
Office of Position	Name	Signature
Date:		
	(Signature)	(Title)