BUSINESS CREDIT APPLICATION IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

TOYOTA

FINANCIAL SERVICES

	Appropri	iate b. 🗆 ii	t you are app	plying for indivi-	g information about y	MILE EDOLLED VOLLE EDOLLED	should not sign as	"Co-Applicant "So	ouse"	
	Вох	c. 🗆 II	ncludes a do	omestic partner pplication for joi	given the community	property rights and oblig Il Sections providing info	gations of a spouse			
			We intend t	to apply for join		int initial Co-A	Applicant initial			
				NOTE: APPLIC		MAY APPLY FOR A SI		JNT.		
heck appropria	ate box:									
Individual	Sole Pro	prietorship	Partn	ership L	LC Corporat	ion Other		Charter State:Years in Busine		
SECTION 1 BI	USINESS INF	ORMATIO	N	73.6 7 E.E.				— rears in busine	55:	
Legal Business Name	e			Trade/Fictit	tious Name (dba)		Business Telepho	ne, Check if cell	General Purpose of Credit	
Business Address			City		State Zip	Type of E	Business		Personal Business	
Business Email Addr	ress	Business Websi	te Address	Gross Rever	nues Last Year	Profit Last Year (After Tax	es) Tangible N	et Worth Last Year	Federal Tax I.D. Number	
List the names	of all owners,	general par	rtners, mer		orate officers:	Ψ	14			
Name:				Title:			Percentage Ownersh			
	11 11					•				p. 10
f a chartered er	ntity such as a redit transact	a corporation	on, partner ming the pe	ship or limited erson(s) autho	d liability company, prized to bind the e	ss name, attach a copy attach the resolution, ntity on this application	agreement or of	har document au	name statement. thorizing the entity to e	nter into th
SECTION 2 B		REDIT REF	ERENCES	The second second second second			All States		SANK SEA	
Bank Account:	Savings			Phone	Facsimile	Relationship Since	Bank Acco		Bank Reference Contact	7
Previous Bank If Above Less Than 2 Years:	Checking E Savings	Bank Name		Phone	Facsimile	Relationship Since	Bank Acco	unt No.	Bank Reference Contact	
Credit References:	1	Name		Phone	Facsimile	Relationship Since	Account N	0.	Creditor Reference Contac	:t
Company From Whi .ast Vehicle ☐ Finan Or ☐ Leased										
Principal Operator: I	Name		State		Home Address Address Where Vehicle	Will Be Garaged		Position	Years Associ	Closed Acct.
Principal Operator: Principal Operator: Priver's License No. Vehicle will be u	used for:	hired trans	L	of goods	Address Where Vehicle	Will Be Garaged	asing		Years Associ	
Principal Operators I Driver's License No. Vehicle will be u employee tra SECTION 4	used for: ansportation CO-APPLL	hired trans	portation of	NON I NON	Address Where Vehicle	n of people			Years Associ	ated
Principal Operators I Driver's License No. /ehicle will be u employee tra SECTION 4 AST NAME (PRINT)	used for: ansportation CO-APPL	hired trans	portation of	NON I NON	Address Where Vehicle	n of people		ous material trans	Years Associ portation ICE SOCIAL SECURITY/FE	ated
Principal Operators I Driver's License No. /ehicle will be u employee tra SECTION 4 AST NAME (PRINT; RESIDENCE ADDRE	used for: ansportation CO-APPLI	hired trans other ICANT INF LEGAL FIF	PORMATIC	PREFERRE	Address Where Vehicle nired transportation	n of people	DRIVER'S LIC.	ous material trans	Portation ICE SOCIAL SECURITY/FE HOW LONG? YRS. M	ated
Principal Operator I Priver's License No. /ehicle will be u employee tra SECTION 4 AST NAME (PRINT) ESIDENCE ADDRE	wised for: ansportation CO-APPL SESS	hired trans other ICANT INF LEGAL FIF	PORMATIC RST NAME	PREFERRE	Address Where Vehicle	of people sublea	DRIVER'S LIC. STATE STATE	ous material trans	Years Associ portation ICE SOCIAL SECURITY/FI HOW LONG?	ated
Principal Operators I Driver's License No. Pehicle will be u employee tra SECTION 4 AST NAME (PRINT) ESIDENCE ADDRE TEHICLE GARAGIN REVIOUS ADDRES	wised for: ansportation CO-APPL SESS	hired trans other ICANT INF LEGAL FIF	PORMATIC RST NAME OM RESIDEN DENCE)	PREFERRE CITY	Address Where Vehicle nired transportation	OF people Subles	DRIVER'S LIC. STATE STATE STATE STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	Portation ICE SOCIAL SECURITY/FE HOW LONG? YRS. M ZIP	ated ED. ID NO. OS.
Principal Operator I Priver's License No. Pehicle will be u employee tra SECTION 4 AST NAME (PRINT) ESIDENCE ADDRE FEHICLE GARAGIN REVIOUS ADDRES IOME LAND LINE)	wased for: ansportation CO-APPL SESS GADDRESS (IF D SSES (TO COVER	hired trans	PORMATION OF THE PORT OF THE P	PREFERRE CITY ICE) ORK LAND LINE)	Address Where Vehicle nired transportation	DUSE INITIAL BIRTH DATE	DRIVER'S LIC. STATE STATE STATE STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	PORTATION ACE SOCIAL SECURITY/FE HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF	ED. ID NO. OS
Principal Operator I Priver's License No. Pehicle will be u employee tra SECTION 4 AST NAME (PRINT) ESIDENCE ADDRE FEHICLE GARAGIN REVIOUS ADDRES IOME LAND LINE)	wased for: ansportation CO-APPL SESS GADDRESS (IF D SSES (TO COVER	hired trans	PORMATION OF THE PORT OF THE P	PREFERRE CITY	Address Where Vehicle nired transportation I-APPLICANT SPO D FIRST NAME CITY	OF people Subles	DRIVER'S LIC. STATE STATE STATE STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	PORTATION ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF (eted D. ID NO. OS. CELL PHONE
Principal Operator I Priver's License No. /ehicle will be u employee tra SECTION 4 AST NAME (PRINT; ESIDENCE ADDRE YEHICLE GARAGIN REVIOUS ADDRES IOME LAND LINE) CCUPATION OR R	wased for: ansportation CO-APPL GADDRESS (IF D SSES (TO COVER	hired trans	PORMATION OF THE PORT OF THE P	PREFERRE CITY ICE) ORK LAND LINE)	Address Where Vehicle nired transportation	OF people Subles	DRIVER'S LIC. STATE STATE STATE STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	PORTATION ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF (eted D. ID NO. OS. CELL PHONE
Principal Operator I Priver's License No. /ehicle will be u employee tra SECTION 4 AST NAME (PRINT) ESIDENCE ADDRE FEHICLE GARAGIN REVIOUS ADDRES IOME LAND LINE) DOCCUPATION OR R MPLOYMENT ADD	Name used for: □ ansportation CO-APPL i) ESS IG ADDRESS (IF D SSES (TO COVER RANK DRESS	hired trans	PORMATION OF THE PROPERTY OF T	PREFERRE CITY ICE) ORK LAND LINE)	Address Where Vehicle nired transportation I-APPLICANT SPO D FIRST NAME CITY	OF people Subles	DRIVER'S LIC. STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	PORTATION ICE SOCIAL SECURITY/FE HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF () HOW LON Y ZIP	eted D. ID NO. OS. CELL PHONE IG? RS. MOS
Principal Operator I Priver's License No. Pehicle will be u employee tra SECTION A AST NAME (PRINT) SESIDENCE ADDRE FEHICLE GARAGIN REVIOUS ADDRES FOR LAND LINE COMPATION OR R MPLOYMENT ADD REVIOUS EMPLOY	wised for: ansportation CO-APPL GADDRESS (IF D SSES (TO COVER COVER	hired trans	PORMATION OF THE PROPERTY OF T	PREFERRE CITY CICE) ORK LAND LINE) SELF-EMPLOY	Address Where Vehicle nired transportation I-APPLICANT SPC D FIRST NAME CITY CITY	OF people Subles	DRIVER'S LIC. STATE STATE	DUS MATERIAL TRANS NO/STATE OF ISSUAN ZIP MAIL ADDRESS	PORTATION ICE SOCIAL SECURITY/FE HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF () HOW LON Y ZIP	ED. ID NO. OS. CELL PHONE G? RS. MOS
Principal Operator I Priver's License No. /ehicle will be u employee tra SECTION A AST NAME (PRINT) JESIDENCE ADDRE JESIDENCE ADDRES HOME LAND LINE COUDATION OR R EMPLOYMENT ADD REVIOUS EMPLOY	wised for: ansportation CO-APPL GADDRESS (IF D SSES (TO COVER COVER	hired trans other _ loant INF LEGAL FIF LEGAL FIF 3 YEARS RESI	PORMATION OF THE PROPERTY OF T	PREFERRE CITY CICE) ORK LAND LINE) SELF-EMPLOY	Address Where Vehicle nired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON	DRIVER'S LIC. STATE STATE	DUS MATERIAL TRANS	PORTATION ICE SOCIAL SECURITY/FE HOW LONG? YRS. M ZIP HER PHONE, CHECK BOX IF () HOW LON Y ZIP	eted D. ID NO. OS. CELL PHONE IG? RS. MOS
Principal Operator I Priver's License No. Pehicle will be u member of the member of th	Name used for: ansportation CO-APPL TO SESS GADDRESS (IF D SESS (TO COVER RANK DRESS YER (TO COVER 2 ENCES	hired trans other other LEGAL FIR DIFFERENT FR 3 YEARS RESI	PORMATIC RESIDEN DENCE WY (EMPLOYER/	DN NON PREFERRE CITY ICE) ORK LAND LINE) SELF-EMPLOY ADDRESS	Address Where Vehicle nired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON ()	DRIVER'S LIC. STATE STATE STATE STATE STATE STATE	PHONE ()	PORTATION HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y HOW LON Y HOW LON Y	ED. ID NO. OS. CELL PHONE G? RS. MOS
Principal Operators In International In Principal Operators In International I	Name used for: ansportation CO-APPL) ESS GADDRESS (IF D SSES (TO COVER RANK DRESS ENCES Hi or other party's grupport, or separate	hired trans other _ locant INF LEGAL FIR DIFFERENT FR 3 YEARS RESI 2 YEAR HISTOI NAME NAME NAME oss monthly ince maintenance is	PORMATIC ST NAME OM RESIDEN DENCE) W(() EMPLOYER/ RY) duate ome from empiricome need in	DN NON PREFERRE CITY ICE) DRK LAND LINE ADDRESS Soloyment	Address Where Vehicle nired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON (LPHON	DRIVER'S LIC. STATE STATE STATE STATE STATE STATE	DUS MATERIAL TRANS	PORTATION HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y HOW LON Y HOW LON Y	eted OS. CELL PHONE IG? RS. MOS
Principal Operators I Priver's License No. Priver's	Name used for: ansportation CO-APPL TO ESS GADDRESS (IF D SSES (TO COVER RANK DRESS YER (TO COVER 2 ENCES Hi or other party's groc proport, or separate m	hired trans other other legal Fire LEGAL FIR DIFFERENT FR 3 YEARS RESI NAME NAME NAME igh School Grace somethly ince maintenance is an intenance receival.	PORMATIC ST NAME OM RESIDEN DENCE) W((()) EMPLOYER/ RY) duate ome from emprincome need needed under:	DN NON PREFERRE CITY CCE) DRK LAND LINE ADDRESS So loyment	Address Where Vehicle ired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON (LPHON	DRIVER'S LIC. STATE STATE STATE STATE STATE STATE Applies STATE	PHONE PHONE Ayr College Degree	Vears Associ portation ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP Special Amount \$	ED. ID NO. OS. CELL PHONE G? RS. MOS
Principal Operators Principal	Name used for: ansportation CO-APPLI) ESS IG ADDRESS (IF D SSES (TO COVER ANK DRESS ENCES Hi or other party's gray proport, or separate m monthly income a	hired trans other _ locant INF LEGAL FIR LEGAL FIR DIFFERENT FR 3 YEARS RESI 2 YEAR HISTOI NAME NAME NAME igh School Grace somethly ince a maintenance is a maintenance recand source(s) .	PORMATIC ST NAME OM RESIDEN DENCE) W((()) EMPLOYER/ RY) duate ome from emprincome need needed under:	DN NON PREFERRE CITY CCE) DRK LAND LINE ADDRESS So loyment	Address Where Vehicle ired transportation	DRESS 2yr College Degree considered as a basis for reporal understanding	DRIVER'S LIC. STATE STATE STATE STATE STATE STATE TOTA	PHONE ()	Vears Associ portation ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP Special Amount \$	ated ED. ID NO. OS. CELL PHONE IG? RS. MOS IG? RS. MOS Idea Training
Principal Operators Principal Operators Principal Operators Pehicle will be u make the member of	Name used for: ansportation CO-APPL TO COVER RANK DRESS YER (TO COVER 2 ENCES HI or other party's groupport, or separate upport, separate m monthly income a	hired trans other_ legal FIF LEGAL FIF DIFFERENT FR 3 YEARS RESI NAME NAME NAME sigh School Grac smonthly inc maintenance ic aintenance recand source(s) .	PORMATION OF THE PROPERTY OF T	DN NON PREFERRE CITY ICE) ORK LAND LINE SELF-EMPLOY ADDRESS Soloyment	Address Where Vehicle ired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON () DRESS 2yr College Degree considered as a basis for reporal understanding	DRIVER'S LIC. STATE STATE STATE S. MOS. E STATE STATE TOTAL	PHONE PHONE PHONE PHONE PHONE PHONE Market College Degree GROSS MONTHI Mortgage Balance State College Degree	Portation ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP Special Amount \$ LY INCOME \$ Payment or Ren \$	ated OS. CELL PHONE GG? RS. MOS GG? RS. MOS ized Training
employee tra SECTION 4 AST NAME (PRINT, SESIDENCE ADDRE VEHICLE GARAGIN PREVIOUS ADDRES SOME LAND LINE COCCUPATION OR R MPLOYMENT ADD PREVIOUS EMPLOY PREVIOUS EMPLOY ENDOME: Joint Applicant o Alimony, child su Alimony, child su Amount of other Own House Renting Living with Parents	Name used for: ansportation CO-APPL TO COVER GADDRESS (IF D SSES (TO COVER RANK DRESS YER (TO COVER 2 ENCES Hi or other party's groupport, or separate my monthly income a Landlord or Mor Address of Land	hired trans other _ ICANT INF LEGAL FIR DIFFERENT FR 3 YEARS RESI 2 YEAR HISTOI NAME NAME NAME se maintenance is an anintenance recand source(s) .	PORMATIC ST NAME OM RESIDEN DENCE) W((RY) duate ome from empincome need in income need in eieived under:	DN NON PREFERRE CITY ICE) ORK LAND LINE ADDRESS So Coloyment	Address Where Vehicle ired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON (LPHON (LPHON) DRESS DRESS 2yr College Degree considered as a basis for reporal understanding	DRIVER'S LIC. STATE STATE STATE STATE STATE STATE TOTA	PHONE ()	Portation ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP Special Amount \$ LY INCOME \$ Payment or Ren \$	ated ED. ID NO. OS. CELL PHONE IG? RS. MOS IG? RS. MOS
Principal Operators Principal	Name used for: ansportation CO-APPL TO COVER GADDRESS (IF D SSES (TO COVER RANK DRESS YER (TO COVER 2 ENCES Hi or other party's groupport, or separate my monthly income a Landlord or Mor Address of Land	hired trans other _ ICANT INF LEGAL FIR DIFFERENT FR 3 YEARS RESI 2 YEAR HISTOI NAME NAME NAME se maintenance is an anintenance recand source(s) .	PORMATIC ST NAME OM RESIDEN DENCE) W((RY) duate ome from empincome need in income need in eieived under:	DN NON PREFERRE CITY ICE) ORK LAND LINE SELF-EMPLOY ADDRESS Soloyment	Address Where Vehicle ired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON () DRESS 2yr College Degree considered as a basis for reporal understanding	DRIVER'S LIC. STATE STATE STATE S. MOS. E STATE STATE TOTAL	PHONE PHONE PHONE PHONE PHONE PHONE Mail Address OTI PHONE Mortgage Balance Address Monthle Mortgage Balance Address Monthle Mortgage Amou \$	POPTATION ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP HOW LON Y ZIP HOW LON Y Special Year Year	ated ED. ID NO. OS. CELL PHONE IG? RS. MOS IG? RS. MOS
Principal Operators Principal	Name used for: ansportation CO-APPL TO COVER GADDRESS (IF D SSES (TO COVER RANK DRESS YER (TO COVER 2 ENCES Hi or other party's groupport, or separate my monthly income a Landlord or Mor Address of Land	hired trans other _ ICANT INF LEGAL FIR DIFFERENT FR 3 YEARS RESI 2 YEAR HISTOI NAME NAME NAME se maintenance is an anintenance recand source(s) .	PORMATIC ST NAME OM RESIDEN DENCE) W((RY) duate ome from empincome need in income need in eieived under:	DN NON PREFERRE CITY ICE) ORK LAND LINE ADDRESS So Coloyment	Address Where Vehicle ired transportation	DUSE INITIAL BIRTH DATE HOW LONG YR CELL PHON (LPHON (LPHON) DRESS DRESS 2yr College Degree considered as a basis for reporal understanding	DRIVER'S LIC. STATE STATE STATE S. MOS. E STATE STATE TOTAL	PHONE PHONE Ayr College Degree GROSS MONTHI Mortgage Balance \$ 2nd Mortgage Amou	POPTATION ICE SOCIAL SECURITY/FI HOW LONG? YRS. M ZIP HOW LON Y ZIP HOW LON Y ZIP HOW LON Y ZIP HOW LON Y Special Year Year	ated OS. CELL PHONE GG? RS. MOS GG? RS. MOS ized Training

CERTIFIED RESOLUTION AND INCUMBENCY CERTIFICATE TO LEASE OR FINANCE

The undersigned hereby certifies	that he/she is		0
		_, that the follo	wing resolution was passed in accordance
with the organizational documen	ts and operating procedures	of said entity, a	and that said resolution has not since beer
revoked or amended:			
	() 1	. !! ^ . !! !	
원이 경기 이 기계 가장이 그 경기 없는 경기 없었다.			epresentative(s)") is/are duly authorized to
			alerships ("Dealer"), and Dealer's intended
assignee ("Lessor/Creditor"), une	der one or more leases/inst	allment contrac	ts, vehicles, and/or equipment, and upor
such terms and conditions as the	Authorized Representative(s	s), in their discre	tion, may deem necessary and advisable.
Resolved that the Authorized Re	presentative(s) below is/are	a sample of sigi	natures of the authorized representative(s
SIGNATURE:	AUTHORIZED REPRES	SENTATIVE:	TITLE:
X			
X			
X			
The Lessor/Creditor is hereby au	thorized to act upon these re-	solutions until w	ritten notice of their revocation is delivered
to the Lessor/Creditor.			
			[[[[[[[[[[[[[[[[[[[
l,		,	0
			certify that the foregoing is a full, true and
In witness whereof, I have hereur			
in williago whorself, mayo hereal	no cormy mana and	aa,	
	X		
	Name:	to the state of th	
	Title:		