

BUSINESS CREDIT APPLICATION



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- Check a. If you are applying for individual credit in your own name...
Appropriate b. If you are applying for individual credit and are married...
Box c. If this is an application for joint credit, complete all Sections...

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 General Purpose of Credit: 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.

SECTION 2 BANK AND CREDIT REFERENCES

Business Bank Account: Checking Savings Bank Name Phone Facsimile Relationship Since Bank Account No. Bank Reference Contact Previous Bank If Above Less Than 2 Years: Checking 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 Financed Or Leased Name Phone Facsimile Relationship Since Account No. Monthly Charge Active Acct. Closed Acct.

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 OCCUPATION OR RANK EMPLOYER/ 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 of other monthly income and source(s) TOTAL GROSS MONTHLY INCOME

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

**CERTIFIED RESOLUTION
AND INCUMBENCY CERTIFICATE
TO LEASE OR FINANCE**

The undersigned hereby certifies that he/she is _____ of _____, that the following resolution was passed in accordance with the organizational documents and operating procedures of said entity, and that said resolution has not since been revoked or amended:

Resolved that the representative(s) hereinafter authorized (the "Authorized Representative(s)") is/are duly authorized to lease and/or finance from any factory authorized automotive dealership or dealerships ("Dealer"), and Dealer's intended assignee ("Lessor/Creditor"), under one or more leases/installment contracts, vehicles, and/or equipment, and upon such terms and conditions as the Authorized Representative(s), in their discretion, may deem necessary and advisable.

Resolved that the Authorized Representative(s) below is/are a sample of signatures of the authorized representative(s) as witnessed by the duly elected or appointed officials of _____.

SIGNATURE:	AUTHORIZED REPRESENTATIVE:	TITLE:
X _____	_____	_____
X _____	_____	_____
X _____	_____	_____

The Lessor/Creditor is hereby authorized to act upon these resolutions until written notice of their revocation is delivered to the Lessor/Creditor.

I, _____, _____ of _____, a _____ organized under laws of the state of _____, do hereby certify that the foregoing is a full, true and correct copy of resolutions of duly authorized officials of _____.

In witness whereof, I have hereunto set my hand this _____ day of _____, _____.

X _____
Name: _____
Title: _____