

Business Credit Application

DEALER INFORMATION										PLEASE USE BLACK INK																					
										PROGRAM TYPE:										☐ Retail											
DEALER NAME										DEALER NUMBER										DEALER CONTACT										☐ Lease	☐ TRAC
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																															
Corporation		C	☐	LLC		☐	Non-Profit		☐	Tax ID Number		Website Address						Year-End PBT		\$											
Legal Business Name										Type of Business										Date Bus. Estab.		Financial Statement Type*									
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				Email Address						Trade Name/DBA/Parent Company										Phone ()											
Principal Name (1)				Address										Title				% Ownership													
Principal Name (2)				Address										Title				% Ownership													
Principal Name (3)				Address										Title				% Ownership													
If more than three Principals, Please attach separate sheet listing information.																															
Vehicle Fleet Management Contact										Title					Phone ()				Email												
Address (including city, state, zip)																															
Bank and Auto Financing or Other Credit Sources																															
Financial Institution				Address						Acct. No.				Unpaid Balance				Contact				Phone									
GUARANTOR OR SOLE PROPRIETORSHIP																															
Individual (First Name, Middle Initial, Last Name, Generation)										Social Security No.					Date of Birth																
Present Address: (Number and Street)										City					State					Zip Code											
Home Phone ()				Own/Buying		☐	Living with Relative		☐	Lived There				Yrs.		Mos.		Driver's License No. & State													
Alternate Phone (Cell, Pager) ()				Employer Name & Address										Main Business # ()				Time on Job		Yrs.		Mos.									
Previous Employer/Business (if less than 2 years) ()				Employer Name & Address										Phone Number ()				Time on Job		Yrs.		Mos.									
Monthly Income \$				Secondary Income \$				Source		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.								Gross Monthly Income from Business \$													
Mortgage Holder/Landlord (Name & Address)										Contact				Monthly Payment \$				Phone ()													
Bank Name and Address										☐ Checking Account #				☐ Savings 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, HEREBY AUTHORIZE THE DEALER, NISSAN MOTOR ACCEPTANCE CORPORATION, INFINITI FINANCIAL SERVICES, NISSAN-INFINITI LT AND/OR (COLLECTIVELY "PROSPECTIVE CREDITORS"), TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CREDIT REPORT. ON MY REQUEST, PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CREDIT REPORTS.																															
I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CREDIT REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM AND TO DISCLOSE TO OTHER PERSONS, INCLUDING CREDIT REPORTING AGENCIES, INFORMATION ABOUT MY ACCOUNTS AND CREDIT EXPERIENCE. THIS SHALL BE A CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE REQUESTS AND DISCLOSURES. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION.																															
EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSTITUTES MY ENTIRE APPLICATION FOR CREDIT WITH THE PROSPECTIVE CREDITORS. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT.																															
Company: X										X										DATE											
By:										SIGNATURE OF GUARANTOR																					
Title:										Date																					
DEALER																															
PROPOSED FINANCING TERMS SINGLE UNIT										VEHICLE DESCRIPTION																					
RETAIL					NET LEASE					VIN:																					
SALES PRICE		\$			GROSS CAP		\$			NEW					☐		INVOICE \$			TRADE IN:											
DOWN PAYMENT		\$			REDUCTION		\$			USED					☐		VALUE GUIDE:														
NET TRADE		\$			ADJUSTED CAP		\$			DEMO					☐		USED VALUE \$														
AMOUNT FINANCED		\$			MSRP		\$			YEAR										YEAR											
PROGRAM					PROGRAM					MAKE										MAKE											
TERM					PAYMENT \$					TERM					MODEL					MODEL											
TRAC LEASE					CREDIT LINE REQUEST																										
GROSS CAP		\$			LINE REQUEST					\$					All line requests over \$250,000 require 2 previous year-end CPA reviewed/audited financial statements or accountant prepared tax returns and current YTD interim statements.																
REDUCTION		\$			# OF VEHICLES IN FLEET																										
ADJUSTED CAP		\$																													
TERM																															
RESIDUAL		%																													
PAYMENT		\$																													
MONEY FACTOR																															
IN STATES WHERE LEASING IS AVAILABLE THROUGH NISSAN-INFINITI LT, NISSAN MOTOR ACCEPTANCE CORPORATION ACTS AS SERVICER FOR NISSAN-INFINITI LT FOR LEASE APPLICATIONS. INFINITI FINANCIAL SERVICES IS A DIVISION OF NISSAN MOTOR ACCEPTANCE CORPORATION.										*Indicate which of the following is applicable to the financial statement submitted: CPA Prepared, CPA Reviewed, CPA Audited, CPA Unaudited, Tax Return, 10K or 10Q.																					
										N-CPCREDAPPL																					