

BUSINESS CREDIT APPLICATION

TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.

Dealer:	Salesperson:	Contact Number:	Fax Number:
Dealer: Attach worksheet or quote to application.			

SECTION 1: BUSINESS APPLICANT			
Company Information			
<input type="checkbox"/> Sole Proprietor (See also Section 2) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
State of Entity Formation:	Date of Entity Formation:	Federal Tax ID Number:	Industry:

Business Name (legal and trade names):				
Street Address:	City:	State:	ZIP:	Phone Number:
Years in Business:		Trading: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> N/A		
Parent Company Name:				
Parent Company Address:		City:	State:	ZIP: Phone Number:
Financial statements available?		Any prior repossession?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Existing TCF customer?		Any prior bankruptcy filings?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your business operate outside of the US?		Any outstanding liens or judgments?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
References: Please provide upon request.				

SECTION 2: SOLE PROPRIETOR APPLICANT/ CO-APPLICANT/ GUARANTOR					
Check here if a: <input type="checkbox"/> Sole Proprietor Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor					
Name:		Social Security Number:		Date of Birth:	
Home Address:		City:		State:	ZIP:
<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly rent/mortgage:	Home Phone Number:		Mobile Phone Number:	
Personal References					
Name & Relationship:		Street:	City:	State:	ZIP: Phone Number:
1					
2					
3					
Monthly Obligations to Others					
Credit: \$	Liens \$	Alimony/child support: \$	Other: \$		
Business/ Employment Information (Sole Proprietor only)					
First time owner operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, years of experience as a driver:		If no, years of experience as an owner operator:	
Number of years in business/employed:		Previous employer if less than 5 years at current employment:			

SECTION 3: INSURANCE FOR EQUIPMENT

Name of Insurance Company:	Contact:	Phone Number:	Policy Number:	Expiration Date:
If Self-Insured, does applicant have a contingent policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please provide details:		

FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE

If the undersigned is an individual or sole proprietor, this application for credit will be submitted to Toyota Industries Commercial Finance, Inc. ("TICF") at 19001 S. Western Ave., Torrance, CA 90501 for consideration as to whether it meets purchase requirements.

SIGNATURES

Each of the undersigned agrees, represents and warrants as follows with respect to themselves alone and with respect to the information related to themselves alone. This completed form is furnished to TICF in connection with an application for financing a business purchase or lease of commercial use equipment or vehicle(s) and TICF will rely on the information furnished in connection with this application in making its decision. The undersigned represents and warrants that all information contained in the above application and in all financial statements or other information provided to TICF in connection with this application, is complete, true and correct, and accurately represents the financial condition of the undersigned. The undersigned has no knowledge of any liabilities, contingent or otherwise, not reflected in this application or any of the financial statements provided to TICF in connection with this application. Since the date of the most recent financial statements furnished to TICF in connection with this application, there have been no materially adverse changes in the financial condition of the subject of the statements. If the undersigned is an individual or sole proprietor, the undersigned further agrees as follows: I authorize TICF to investigate my credit and employment history and to obtain a consumer credit report on me from one or more credit reporting agencies. If credit is granted, I authorize TICF to obtain subsequent consumer credit reports on me in connection with any update, renewal or extension of credit, collection of the account, or other legitimate business purposes associated with the account, and to release information about its credit experience with me to others as permitted by law.

Business Applicant Name

Date

By

Title

Name ☐ Sole Proprietor ☐ Co-Applicant ☐ Guarantor

Date

By

California

If the applicant is a married individual or registered domestic partner, applicant may apply for credit separately.

New York

If you are an individual, a consumer report may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

Ohio

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.

Toyota Industries Commercial Finance, Inc.
Commercial Finance
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