



Commercial Credit Application

Phone: (248) 477-6457 E-Mail: joe.pecherski@foxmotors.com

Applicant Information

Applicant Name & Address <i>Use exact legal name and any trade names</i>			Equipment Location <i>(Where Vehicle Will Be Garaged)</i>		
Street:			Street Address:		
City:	Federal ID:	City:	State:	Zip:	
State:	Zip:	Email:	Contact Name:		
Phone Number:	Fax Number:	Contact Phone Number:			

Company Structure

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
State of Organization:	Years In Business:	# of Vehicles in Business:	Types of Vehicles:	
Description of Business/Industry:		Years In Industry:		
Owner/Guarantor Name #1:	SS #:	DOB:	Owner Name/Guarantor #2:	SS #: DOB:
Owner/Guarantor Address #1: City State Zip Phone Number:		Owner/Guarantor Address #2: City State Zip Phone Number:		
% Ownership:	United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	% Ownership:	United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes to either (a) or (b) above, please explain:				

Authorization to Release Credit Information
 Signer(s) hereby authorize Isuzu Finance of America, Inc. and any of its agents, affiliates or designees (collectively "IFAI") to obtain business and/or personal financial information including without limitation, information from any credit bureau, consumer reporting agency, banking institution or other reporting source regarding Signer(s) and/or applicant(s) credit history, for purposes of evaluating this application. Signer(s) authorize and instruct any financial institution or entities possessing information about Signer(s) and/or applicant(s) to furnish IFAI with all such information.

Signature(s)	Print Name(s)	Date
--------------	---------------	------