

DEALER INFORMATION **PLEASE USE BLACK INK**

DEALER NAME	DEALER NUMBER	DEALER CONTACT	PROGRAM TYPE:	<input type="checkbox"/> Retail
				<input type="checkbox"/> Lease <input type="checkbox"/> 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 <input type="checkbox"/> C <input type="checkbox"/>	LLC <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Tax ID Number	Website Address	Year-End PBT
S <input type="checkbox"/>	Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>			\$
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 <input type="checkbox"/>	Living with Relative <input type="checkbox"/>	Lived There Yrs. Mos.	Driver's License No. & State
Alternate Phone (Cell, Pager) ()	Rent/Lease <input type="checkbox"/>	Other <input type="checkbox"/>		
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.	
Mortgage Holder/Landlord (Name & Address)		Contact	Monthly Payment \$	Gross Monthly Income from Business \$
Bank Name and Address			<input type="checkbox"/> Checking Account #	Phone ()
			<input type="checkbox"/> 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: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DATE
By:	SIGNATURE OF GUARANTOR	
Title:		
	Date	

DEALER

PROPOSED FINANCING TERMS SINGLE UNIT				VEHICLE DESCRIPTION	
RETAIL		NET LEASE		VIN:	
SALES PRICE	\$	GROSS CAP	\$	NEW <input type="checkbox"/>	INVOICE \$
DOWN PAYMENT	\$	REDUCTION	\$	USED <input type="checkbox"/>	VALUE GUIDE: \$
NET TRADE	\$	ADJUSTED CAP	\$	DEMO <input type="checkbox"/>	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					

*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