



SignatureBUSINESS<sup>SM</sup>

Business Credit Application

# of Employees \_\_\_\_\_

Business Credit Application

| DEALER INFORMATION |                     |                      | PLEASE USE BLACK INK |  |  | PROGRAM TYPE:                   |                               |  |
|--------------------|---------------------|----------------------|----------------------|--|--|---------------------------------|-------------------------------|--|
| DEALER NAME _____  | DEALER NUMBER _____ | DEALER CONTACT _____ |                      |  |  | <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 _____          |  |
| Rent/Lease <input type="checkbox"/>                                  |  | Other <input type="checkbox"/>      |                    |   |  |  |  |   |  |
| 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 _____  |  |                                     |                    |   |  | <input type="checkbox"/> Checking Account # _____  |  | Phone ( ) _____                             |  |
|  |  |                                     |                    |   |  | <input type="checkbox"/> Savings Account # _____   |  |   |  |
| 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  |                                   |
|--|-----------------------------------|
| <p>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.</p> <p>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.</p> <p>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.</p> |                                   |
| Company: X _____   | X _____<br>SIGNATURE OF GUARANTOR |
| By: _____  | DATE                              |
| Title: _____   | Date _____                        |