

## **Signature**BUSINESS<sup>™</sup>

## **Business Credit Application**

DEALER INFORMATION			PI FASE I	JSE BLACK INK					
DEALER IN ORMATION			I LLAGE C	OSE BEAGK INK		PROGRAI	M TYPE:	Retail	
DEALER NAME	_	DEALER NUMBE		DEALER CONTAC				Lease	
NOTICE TO OHIO APPLICANTS: THE REPORTING AGENCIES MAINTAIN SI									
BUSINESS INFORMATION									
Corporation C LLC S Trust		Tax ID Numb	er		Website Address			Year-End PBT	
Legal Business Name				Type of Business		Date Bus		cial 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 Nam	ne		Phone				
State of Organization	Email Address			Trade Name/DBA/Pare	nt Company		Phone		
Principal Name (1)		Address				Title	( )	% Ownership	
Principal Name (2) Address						Title %		% Ownership	
Principal Name (3) Address					Title			% Ownership	
								// Cimeronip	
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 C	Other Credit Sources								
Financial Institution Address			Acct. No. Unpaid Balance			Contact	Phone		
GUARANTOR OR SOLE PROP	RIETORSHIP								
Individual (First Name, Middle Initial, La			Social Security No.			Date of Birth			
Present Address: (Number and Street)				City		State		Zip Code	
Home Phone	Own/Buying		Living with Relative		Lived There	Mos.	Driver's License No	o. & State	
Alternate Phone (Cell, Pager)	Rent/Lease Lemployer Name & Add	dress	Other		115	Main Business #		Time on Job	
( ) Previous Employer/Business (if less than 2 years) Employer Name & Address						( ) Phone Number		Yrs Mos. Time on Job	
Monthly Income	Secondary Income		Source	Alimony, child sup	port or separate	maintenance income r	need not be Gross	Yrs Mos.  Monthly Income from Business	
\$	\$			revealed if you do no obligation.	ot wish to have it co	nsidered as a basis for	repaying this	-	
Mortgage Holder/Landlord (Name & Ac	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									
ABOUT CREDIT EXPERIENCE WITH	H ME. IF THIS APPLICATION	N IS MADE PURSU	ANT TO ANY CRED	OIT PROGRAM FOR AT	TTENDEES AND/	OR GRADUATES OF	SCHOOLS OR EL		
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, PRO ORDERED AND IF SO. THE NAME									
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 AUTHO	RIZATION FOR ALL PRES	ENT AND FUTURE	REQUESTS AND DI	ISCLOSURES. PROVIS					
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 UND	DERSTAND THAT PROSP	ECTIVE CREDITOR	S WILL RETAIN TH	HIS APPLICATION WE					
APPLICABLE, WITHIN A REASONA TO THE EXTENT PERMITTED BY L		,			TACT YOU FOR	SERVICING AND C	OLLECTION PURP	OSES. AT ANY TELEPHONE	
NUMBER OR CELL PHONE NUMB AND/OR AN ARTIFICIAL OR PRE-R									
FOR QUALITY CONTROL PURPOS			,						
Company:				X SIGNATURE OF	GUARANTOR			DATE	
By (signature):									
		D	ate						
DEALER PI	ROPOSED FINANCING	TERMS SINGLE	UNIT			VEHIC	LE DESCRIPTIO	N	
RETAIL			NET LEASE		VIN:				
	\$	GROSS CAP	\$_		NEW	INVOICE \$		TRADE IN:	
	\$ ¢	REDUCTION	<u>\$</u>		USED .	VALUE GUIDE:			
	\$ ¢	ADJUSTED CAI	P <u>\$</u> \$		DEMO 🗌	USED VALUE \$			
AMOUNT FINANCED PROGRAM	\$	PROGRAM	Φ		YEAR			YEAR	
FROGRAM		PROGRAM			MAKE			MAKE	
TERM PAYMENT \$			TERM M		MODEL		MODEL		
TRAC LEA	SE			(	CREDIT LINE R	REQUEST			
GROSS CAP	\$	LINE REQ	UEST	\$		All line reques	sts over \$250.000 r	equire 2 previous year-end	
REDUCTION	\$	# OF VFH	ICLES IN FLEET	<u> </u>		CPA reviewe	d/audited financial	statements or accountant	
ADJUSTED CAP	\$					prepared tax fo	osamo ana current T	- monin statements.	
TERM		IN STATES	WHERE LFASII	NG IS AVAILARI F	THROUGH NIS	SSAN-INFINITI I T	LLC. NISSAN M	IOTOR ACCEPTANCE	
	2/6	COMPAN	LLC ACTS AS		NISSAN-INFI	INITI LT LLC FO	R LEASE APP	LICATIONS. INFINITI	
	\$	4				ACCEPTANCE CC	ZINFANT LLU.		
MONEY FACTOR		*Indicate w	nich of the follo	wing is applicable	Э				

NMAC 2008 4/21

to the financial statement submitted: CPA Prepared, CPA Reviewed, CPA Audited, CPA Unaudited, Tax Return, 10K or 10Q.