



# Isuzu Finance of America, Inc.

2500 Westchester Avenue, Suite 312, Purchase, New York 10577  
Attention: OPERATIONS

## Commercial Credit Application

Fax: (866) 914-9558

Phone: (866) 914-9557

E-Mail: creditapp@isuzuapp.com

### Dealer Information

Dealer Name and Contact	Phone Number	Fax Number
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### 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:		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		
Description of Business/Industry:						
Owner/Guarantor Name:		SS #:	% Ownership:	Owner Name/Guarantor:		
				SS #:		
				% Ownership:		
Owner/Guarantor Address:			Phone Number:		Owner/Guarantor Address:	
					Phone Number:	
Federal ID		State of Organization:		Years in Business:		
				Years in Industry:		
Number of Vehicles in Business:			Types of Vehicles:			

### Transaction Details

Chassis & Body Description <i>(Attach Factory &amp; Body Invoices):</i>			Selling Price:		Number of Units:
			\$		
Year:	Make:	Model:		Down Payment/ Cap Reduction:	
				\$	
Chassis:	Body:	Replacement Unit <input type="checkbox"/>	Additional Unit <input type="checkbox"/>	Net Trade In:	
<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used			\$	
Mileage:					
Structure: <input type="checkbox"/> Loan <input type="checkbox"/> TRAC <input type="checkbox"/> FMV <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other	Amount Financed/ Cap. Cost:			Sales Tax Amt:	
	\$			\$	
Program/Promotion:			Term (Months):		Est. Pmt. Amount: \$
Sales Tax Treatment: <input type="checkbox"/> Exempt <input type="checkbox"/> Upfront To Vendor <input type="checkbox"/> Upfront To State <input type="checkbox"/> Tax on Rental Payment					

### Bank References

Bank Name:	Account Number:	Contact:	Phone Number:
Bank Name:	Account Number:	Contact:	Phone Number:

### Credit References

Company Name:	Account Number:	Contact:	Phone Number:
Company Name:	Account Number:	Contact:	Phone Number:

### Trade References

Company Name:	Account Number:	Contact:	Phone Number:
Company Name:	Account Number:	Contact:	Phone Number:

**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
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