

**DEALER INFORMATION** **PLEASE USE BLACK INK**

<b>DEALER NAME</b> _____	<b>DEALER NUMBER</b> _____	<b>DEALER CONTACT</b> _____	<b>PROGRAM TYPE:</b>	<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"/> S <input type="checkbox"/>	LLC <input type="checkbox"/> Trust <input type="checkbox"/>	Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/>	Tax ID Number _____	Website Address _____	Year-End PBT \$ _____
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"/> Rent/Lease <input type="checkbox"/>	Living with Relative <input type="checkbox"/> Other <input type="checkbox"/>	Lived There _____ Yrs. _____ Mos.	Driver's License No. & State _____	
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 # _____ <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"/> SIGNATURE OF GUARANTOR _____	DATE _____
By: _____		
Title: _____	Date _____	

**DEALER**

PROPOSED FINANCING TERMS SINGLE UNIT				VEHICLE DESCRIPTION	
RETAIL		NET LEASE		VIN: _____	
SALES PRICE \$ _____	GROSS CAP \$ _____			NEW <input type="checkbox"/> INVOICE \$ _____	TRADE IN: _____
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 \$ _____	REDUCTION \$ _____	ADJUSTED CAP \$ _____	TERM _____	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.
TERM _____	RESIDUAL % _____	PAYMENT \$ _____	MONEY FACTOR _____	# OF VEHICLES IN FLEET _____	
<p><b>IN STATES WHERE LEASING IS AVAILABLE THROUGH NISSAN-INFINITI LT, NISSAN MOTOR ACCEPTANCE CORPORATION ACTS AS SERVICER FOR NISSAN-INFINITI LT FOR LEASE APPLICATIONS. INFINITI FINANCIAL SERVICES IS A DIVISION OF NISSAN MOTOR ACCEPTANCE CORPORATION.</b></p>					

\*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.

