

CUSTOMER STATEMENT (COMMERCIAL)*

Transaction Type		<input type="checkbox"/> Purchase <input type="checkbox"/> Lease		<input type="checkbox"/> Without Co-signer <input type="checkbox"/> With Co-signer		<input type="checkbox"/> With 2 Co-signers	
Date (MM/DD/YY)		Dealer Number		Dealer Name		Sales Person/Bus. Mgr.	
Applicant							
Legal Name				Nature of Business			
Address							
City		Province		Postal Code		Phone #	
Business Start Date (MM/DD/YY)		Date of Incorporation (MM/DD/YY)		Date of Last Financial Statement		Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ownership							
Owner Name				Title		% Owned	
Owner Name				Title		% Owned	
Accountant Name				Accountant Phone #			
# of Vehicles in Fleet	Financed By			Address			
	Financed By			Address			
Vehicle Driver		Vehicle Driver Phone #		Vehicle Driver Address			
Primary Garaging Address							
Bank & Trade							
Bank Name				Bank Address		Current/Past TCCI Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone #		Contact		Transit #		Account #	
Trade		Phone #		Contact		High Credit	
Trade		Phone #		Contact		High Credit	
Have you ever filed for bankruptcy?		<input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever had a car or other merchandise repossessed?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
				Do all drivers possess valid driver's license?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Vehicle Data							
Year	Make	Model Code		Suffix Code	<input type="checkbox"/> New <input type="checkbox"/> Used	Term	Rate
Selling Price	\$	Loan Amount	\$	Down Payment	\$	Est. Monthly Pmts	\$
MSRP	\$	Capital Cost	\$	Lease End Value	\$	Security Deposit	\$
Trade-in Year	Make	Model			Trade-in Allowance	Lien Amount	
					\$	\$	
<p>I acknowledge that Toyota Credit Canada Inc. ("Toyota Credit") will rely on the information above to assess my creditworthiness. I certify that the information above is true and complete. I consent and agree that Toyota Credit may, from time to time, (i) request a consumer report from a consumer reporting agency containing credit and other relevant personal information for the purpose of confirming and verifying any information on this Customer Statement; and (ii) exchange with any consumer reporting agency, credit bureau, other credit providers and the relevant dealer any information covering this Customer Statement and any credit granted as a result of the information provided on this Customer Statement for the purpose of confirming, verifying and updating such information, or as permitted by law.</p> <p>For a copy of Toyota Credit's Privacy Policy please visit www.privacy.toyotafinancialservices.ca or www.privacy.lexusfinancialservices.ca, ask the Dealer or call Toyota Credit at 1-888-TOYOTA-8 or 1-800-26-LEXUS and ask for the Privacy Officer.</p> <p>Company Name _____ By _____ Title _____</p>							
T.C.C.I. Reference #							

* For a proprietorship or partnership, use "Customer Statement (Individual)"

CUSTOMER STATEMENT (CO-SIGNER)

Transaction Type		<input type="checkbox"/> Purchase		<input type="checkbox"/> Lease	
Date (MM/DD/YY)	Dealer Number	Dealer Name		Sales Person/Bus. Mgr.	
Co-signer					
Last Name		First Name/Initial		Middle Name/Initial	
Present Address		Apt/Unit #	City	Province	Postal Code
Time at Address Yrs. Mos.	Phone #	Birth Date (MM/DD/YY)		Social Insurance No. (optional)	
<input type="checkbox"/> Own Residence - Free & Clear		<input type="checkbox"/> With Parents		Rent-Mtg/Month	Balance
<input type="checkbox"/> Own Residence - Mortgage		<input type="checkbox"/> Lease/Rent		\$	\$
Mortgage Co./Landlord					
Previous Address		City	Province	Postal Code	Lived There Yrs Mos
Employment					
Employment Type		<input type="checkbox"/> Employed		<input type="checkbox"/> Self-employed	
		<input type="checkbox"/> Retired		<input type="checkbox"/> Other Income Source	
Employer Name			Address		
Time on Job Yrs. Mos.		Phone #		Occupation	
Income		<input type="checkbox"/> Monthly		<input type="checkbox"/> Gross	
\$		<input type="checkbox"/> Yearly		<input type="checkbox"/> Net	
Other Income		<input type="checkbox"/> Monthly		<input type="checkbox"/> Gross	
\$		<input type="checkbox"/> Yearly		<input type="checkbox"/> Net	
Source of Other Income					
Previous Employer		Time on Job Yrs. Mos.		Phone #	
Credit Information					
Bank Name		Bank Address		Transit #	Account #
<input type="checkbox"/> Chequing Balance \$		<input type="checkbox"/> Savings Balance \$		<input type="checkbox"/> Term Deposit \$	
Previous Vehicle Financed By				Current/Past	<input type="checkbox"/> No
Accountant Name				TCCI Customer?	<input type="checkbox"/> Yes
Have you ever filed for bankruptcy?		<input type="checkbox"/> No		Have you ever had a car or other merchandise repossessed?	
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		Do you possess a valid driver's license?	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
Personal Reference					
Name and Address of Relative or Reference not in Household			Phone #	Relationship	
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Co-signer Signature _____					
T.C.C.I. Reference #					