

## CUSTOMER STATEMENT (INDIVIDUAL)

Transaction Type		<input type="checkbox"/> Purchase	<input type="checkbox"/> Lease	<input type="checkbox"/> Individual	<input type="checkbox"/> With Spouse	<input type="checkbox"/> With Co-signer *
Date (MM/DD/YY)	Dealer Number	Dealer Name			Sales Person/Bus. Mgr.	
<b>Applicant</b>						
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	Mortgage Co./Landlord
<input type="checkbox"/> Own Residence - Mortgage		<input type="checkbox"/> Lease/Rent		\$	\$	
Previous Address			City	Province	Postal Code	Lived There Yrs Mos
<b>Employment</b>						
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	Other Income	<input type="checkbox"/> Monthly	<input type="checkbox"/> Gross	Source of Other Income
\$	<input type="checkbox"/> Yearly	<input type="checkbox"/> Net	\$	<input type="checkbox"/> Yearly	<input type="checkbox"/> Net	
Previous Employer			Time on Job Yrs. Mos.		Phone #	
<b>Credit Information</b>						
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					Accountant Phone #	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"/> No	Do you possess a valid driver's license? <input type="checkbox"/> No
		<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Personal Reference</b>						
Name and Address of Relative or Reference not in Household				Phone #	Relationship	
<b>Vehicle Data</b>						
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><b>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.</b></p> <p><b>For a copy of Toyota Credit's Privacy Policy please visit <a href="http://www.privacy.toyotafinancialservices.ca">www.privacy.toyotafinancialservices.ca</a> or <a href="http://www.privacy.lexusfinancialservices.ca">www.privacy.lexusfinancialservices.ca</a>, ask the Dealer or call Toyota Credit at 1-888-TOYOTA-8 or 1-800-26-LEXUS and ask for the Privacy Officer.</b></p> <p>Applicant Signature _____</p> <p><b>T.C.C.I. Reference #</b></p>						

For non-spousal co-signer, submit additional "Customer Statement (Co-signer)"