	2500 Westeh asten Augure Suite 212 Dunch and Nam York 10577										mercial Credit			
Fax: (8	66) 914-	Phone: (866) 914-9557					F	E-Mail: Creditapp@isuzuapp.com						
Dealer Information														
Dealer Name	and Cont				H		Pho	hone Number		Fax Number				
					Applicant	t Inf	ormati							
Applicant Na	ıme & Addı	any trade names				Equipment Location (Where Vehicl Street Address:				2 Will Be Garaged)				
Street:	reet:			City: St			te: City:					State:	Zip:	
Zip:	Federal ID:			Email:				Contact Name:						
Phone #:				Fax #:				Contact Phone #:						
Corporate Structure														
Organization Type: Corporation Sole Proprietorship LLC Partnership Other														
State of Orga			Years in E	Business:	#	of Vo	ehicles iı	n Business	:	Т	ypes of Vehicles			
Description of Business/Industry: Years in Industry: Owner/Guarantor Name #1: SS #: DOB: Owner /Guarantor Name #2: SS #: DOB :														
Owner/Guara	antor Nan	DOB:			Owner /Guarantor Name #2: S					#: DOB :				
										City State Z	Zip Phone	e#:		
% Ownership	p:	Unit	ed States Cit	izen: 🗌 Y	es 🗌 No	%	6 Owner	ship:			United States	Citizen: 🗌 Y	es 🗌 No	
	(a) Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever been convicted of a felony? Yes No (b) Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? Yes No													
		b) above, pleas		cantor(s), c	or Principal(s)	of th	e Applic	cant ever	illed to	r ban	kruptcy?	Yes	No	
) above, picus	e explain:		Tuongoo	4:00	Detail							
Chassis & Bo	dv Descri	ption (Attach I	Factory & Bo	odv Invoice	Transac	cuon	# of U			Sellin	g Price:			
											_	\$		
Additional:	ditional: Chassis: New			(If USED,) Mileage:			Body:		Down Payment/ Cap Reduction: \$					
Replacement							□ New □ Used			Net Trade In:				
Model Year: Make:			Madal			🗌 Ga	as 🗌 Diesel 🛛 Addi			\$ tional Fees:				
										\$ Tax:				
Structure: Loan TRAC				□ FMV □ \$1.00					Sales Tax:			\$		
Program/Pro	motion:	Term (Months):					Amount Financed/ Cap. Cost:			\$				
Bank Name:				Account	Bank] #:	Refei	rences		Conta	ct:		Phone #:		
Bank Name:				Account					Contact:		Phone #:			
		Credit References												
Company Name:				Account #:				Contact:				Phone #:		
Company Name:				Account #:				Contact:		ct:		Phone #:		
Trade References														
Company Name:				Account #:					Contact:			Phone #:		
Company Name:				Account #:					Conta	Contact: Phone #:				
Authorizations Related to Release of Credit Information Each signer represents that the information provided herein is true and correct, and hereby authorizes 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 (each, a "Source") regarding signer(s)'s/applicant(s)'s credit history, for purposes of evaluating this application. Signer(s) authorizes and instructs each Source possessing information about signer(s)/ applicant(s) to furnish IFAI with such information, and further agrees that each Source may act in reliance upon a fax or photocopy of this credit application. In its effort to fight terrorism, Federal law requires IFAI to obtain, verify and record information that identifies each individual or entity that applies for credit. We may ask for sensitive information including your Federal TIN/EIM and social security number(s).														
Signature(s) Print Name(s)											Date			