



Isuzu Finance
of America, Inc.

3020 Westchester Avenue, Suite 203
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>	Phone Number:	Fax Number:
	Mobile Phone:	
	City	State
	County	Zip
Contact	Phone Number	Fax Number
Equipment Location <i>(Where Vehicle Will Be Garaged - if different than above)</i>	City	State
	County	Zip
	Email Address	

Company Structure

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Applicant's SIC # or description of Business/Industry:

Owner/Guarantor Name:	SS #:	% Ownership:	Owner Name/Guarantor:	SS #:	% Ownership:
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Owner/Guarantor Address:	Phone Number:	Owner/Guarantor Address:	Phone Number:
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Federal ID	DUNS	State of Organization	Years in Business	<input type="checkbox"/> Taxable (Sales/Prop.)	<input type="checkbox"/> Tax-Exempt
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Transaction Details

Chassis & Body Description <i>(Attach Factory & Body Invoices):</i>			Selling Price:	Number of Units:
			\$	
<input type="checkbox"/> New	<input type="checkbox"/> Used		Down Payment/ Cap Reduction:	Replacement Unit:
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year:	Make:	Model:	Net Trade In:	Additional Unit:
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Upfront To Vendor <input type="checkbox"/> Upfront To State <input type="checkbox"/> Tax on Each Rental Payment				

References

Bank References		Trade References	
Bank Name	Account Number	Company Name	Account Number
Contact	Phone Number	Contact	Phone Number
Bank Name	Account Number	Company Name	Account Number
Contact	Phone 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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