



"Warehouse & Manufacturing Equipment Specialists"

Locations: 4000 W. 33<sup>rd</sup> Circle South Wichita, KS 67215 & 4750 E. Parallel Ln. Springfield, MO 65803  
Phone: 316-942-7465      **LTCENTER.com**      Phone: 417-879-7900

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Dear Valued Customer,

Thank you for choosing Lift Truck Center as your equipment provider. We appreciate your business and will do our best to continue earning your trust as a committed supplier in the years ahead.

Recognizing that you have chosen to utilize Toyota Commercial Finance with your order, we need to begin preplanning the signing of those documents so that you do not encounter any delivery delays, or jeopardize our good standing with our financial partners. As a responsible supplier, please be advised that we are unable to deliver any leased or financed equipment without all of the signed documents.

We understand that each company has different protocols associated with who is authorized to sign these documents, along with any applicable maintenance agreements. In order to ensure that we obtain the appropriate signatures prior to, or at the time of delivery, we ask that you please complete the attached form. Thank you in advance for your assistance and adherence to these requirements.

Kind regards,

*Doug Iannone*

Doug Iannone

President

Lift Truck Center, Inc.

*Proudly Serving with Excellence and Integrity Since 1982*

**INTEGRITY. RESPECT. ACCOUNTABILITY. QUALITY. COMPLIANCE. APPRECIATION. KAIZEN. TRUST.**



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COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE LIST ANY AUTHORIZED SIGNERS FOR THE MASTER LEASE AGREEMENT.

*YOU COULD BE ASKED TO COMPLETE A MASTER LEASE AGREEMENT IF YOU ARE A FIRST TIME TOYOTA INDUSTRIES COMMERCIAL FINANCE (TCF) CUSTOMER OR YOUR EXISTING MASTER LEASE IS NOT THROUGH LIFT TRUCK CENTER, INC. TCF MANDATES THAT THE MASTER LEASE AGREEMENT BE SIGNED BY A COMPANY OFFICER.*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PLEASE LIST ANY AUTHORIZED SIGNERS FOR EQUIPMENT SCHEDULES, IF DIFFERENT THAN ABOVE.

*EQUIPMENT SCHEDULES WILL BE GENERATED ANYTIME YOU LEASE A UNIT, AND THEY ALSO REQUIRE A SIGNATURE. TCF DOES NOT MANDATE THAT THE SIGNATURE BE THAT OF A COMPANY OFFICER AND CAN THEREFORE BE ANYONE YOUR COMPANY AUTHORIZES.*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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## BUSINESS CREDIT APPLICATION TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.

|   |              |                 |             |
|---|--------------|-----------------|-------------|
| Dealer:   | Salesperson: | Contact Number: | Fax Number: |
| Dealer: Attach worksheet or quote to application. |              |                 |             |

### SECTION 1: BUSINESS APPLICANT

| Company Information  |                           |                        |           |
|--|---------------------------|------------------------|-----------|
| <input type="checkbox"/> Sole Proprietor (See also Section 2) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other: |                           |                        |           |
| State of Entity Formation:   | Date of Entity Formation: | Federal Tax ID Number: | Industry: |

|   |  |                                     |  |               |
|---|--|-------------------------------------|--|---------------|
| Business Name (legal and trade names):        |  |                                     |  |               |
| Street Address:                               | City:  | State:                              | ZIP:   | Phone Number: |
| Years in Business:                            | Trading: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> N/A |                                     |  |               |
| Parent Company Name:                          |  |                                     |  |               |
| Parent Company Address:                       | City:  | State:                              | ZIP:   | Phone Number: |
| Financial statements available?               | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Any prior repossessions?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| Existing TICF customer?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Any prior bankruptcy filings?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| Does your business operate outside of the US? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Any outstanding liens or judgments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| References: Please provide upon request.      |  |                                     |  |               |

### SECTION 2: SOLE PROPRIETOR APPLICANT / CO-APPLICANT / GUARANTOR

| Check here if a: <input type="checkbox"/> Sole Proprietor Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor |  |   |  |                      |                       |
|--|--|---|--|----------------------|-----------------------|
| Name:  |  | Social Security Number:                                       |  | Date of Birth:       |                       |
| Home Address:  |  | City:   |  | State:               | ZIP:                  |
| <input type="checkbox"/> Rent <input type="checkbox"/> Own   | Monthly rent/mortgage:                   | Home Phone Number:  |  | Mobile Phone Number: |                       |
| Personal References  |  |   |  |                      |                       |
| Name & Relationship:   |  | Street:   | City:  | State:               | ZIP:    Phone Number: |
| 1  |  |   |  |                      |                       |
| 2  |  |   |  |                      |                       |
| 3  |  |   |  |                      |                       |
| Monthly Obligations to Others  |  |   |  |                      |                       |
| Credit: \$   | Liens \$                                 | Alimony/child support: \$                                     |  | Other: \$            |                       |
| Business/Employment Information (Sole Proprietor only)   |  |   |  |                      |                       |
| First time owner operator? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, years of experience as a driver: |   | If no, years of experience as an owner operator: |                      |                       |
| Number of years in business/employed:  |  | Previous employer if less than 5 years at current employment: |  |                      |                       |

### SECTION 3: INSURANCE FOR EQUIPMENT

|  |          |                                 |                |                  |
|--|----------|---------------------------------|----------------|------------------|
| Name of Insurance Company:   | Contact: | Phone Number:                   | Policy Number: | Expiration Date: |
| If Self-Insured, does applicant have a contingent policy? <input type="checkbox"/> Yes <input type="checkbox"/> No |          | If Yes, please provide details: |                |                  |

### FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE

If the undersigned is an individual or sole proprietor: This application for credit will be submitted to Toyota Industries Commercial Finance, Inc. ("TICF") at 8951 Cypress Waters Blvd, Suite 300, Dallas, TX 75019 for consideration as to whether it meets purchase requirements.

### SIGNATURES

Each of the undersigned agrees, represents and warrants as follows with respect to themselves alone and with respect to the information related to themselves alone. This completed form is furnished to TICF in connection with an application for financing a business purchase or lease of commercial use equipment or vehicle(s) and TICF will rely on the information furnished in connection with this application in making its decision. The undersigned represents and warrants that all information contained in the above application and in all financial statements or other information provided to TICF in connection with this application, is complete, true and correct, and accurately represents the financial condition of the undersigned. The undersigned has no knowledge of any liabilities, contingent or otherwise, not reflected in this application or any of the financial statements provided to TICF in connection with this application. Since the date of the most recent financial statements furnished to TICF in connection with this application, there have been no materially adverse changes in the financial condition of the subject of the statements. If the undersigned is an individual or sole proprietor, the undersigned further agrees as follows: I authorize TICF to investigate my credit and employment history and to obtain a consumer credit report on me from one or more credit reporting agencies. If credit is granted, I authorize TICF to obtain subsequent consumer credit reports on me in connection with any update, renewal or extension of credit, collection of the account, or other legitimate business purposes associated with the account, and to release information about its credit experience with me to others as permitted by law.

\_\_\_\_\_  
Business Applicant Name

\_\_\_\_\_  
Date

By \_\_\_\_\_

\_\_\_\_\_  
Title

Name  Sole Proprietor  Co-Applicant  Guarantor

\_\_\_\_\_  
Date

By \_\_\_\_\_

#### California

If the applicant is a married individual or registered domestic partner, applicant may apply for credit separately.

#### New York

If you are an individual, a consumer report may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

#### Ohio

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

**Toyota Industries Commercial Finance, Inc.**  
8951 Cypress Waters Blvd, Suite 300  
Dallas, TX 75019 Phone: (800) 541-2315