



CUSTOMER INFORMATION

Corporate Office:

6999 Southfront Road, Livermore, CA 94551
Phone: 510-675-0500 • Fax: 925-961-1204

Branch Offices:

West Sacramento • Salinas • Fresno • North Bay

Please Submit To: credit@tmhnc.com

Required Customer Information:

FEIN #: _____

Ownership: Corporation: LLC: Partnership: Proprietorship:

Year Business Started: _____

Legal Name: _____ D.B.A: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Fax Number: _____

Accounts Payable Contact: _____ Accounts Payable Email: _____

Required for Payment Terms & Financing:

Purchase Order Required: Yes: No: Special billing instructions attached? Yes: No:

State Board of Equalization Seller Permit No: _____ SSN No (if Proprietorship): _____

Must attach Resale Certificate if applicable.

Owner/Officer Name: _____ Title: _____ Email: _____

Name of Insurance Company: _____ Phone Number: _____

Contact Name: _____ Policy Number: _____ Expiration Date: _____

If Self Insured, does applicant have a contingent policy? Yes: No:

TICF's FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE (for financing terms only)

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., Coppell, TX 7501919 for consideration as to whether it meets purchase requirements.

The applicant hereby acknowledges that terms of payment for any and all goods and / or services, are NET THIRTY (30) DAYS from date of invoice, EXCEPT EQUIPMENT TERMS ARE Cash on Delivery "COD" or signed financing documents. A Finance Charge with a monthly periodic rate of 1-1/2% (being an ANNUAL PERCENTAGE RATE OF 18%) is imposed on all past due amounts. Please pay from invoice. It is further acknowledged by the Applicant that should a Collection Process be instituted to recover any monies owed, liability for Court Fees, Attorney Fees, and all costs rest with the applicant.

Print Name and Title: _____ Authorized Signature: _____ Date: _____