



Isuzu Finance
of America, Inc.

WHOLESALE EXPRESS APPLICATION

2500 Westchester Ave., Suite 312 - Purchase, NY 10577
Phone: (914) 251-0220 Fax: (914) 251-0222

		Date:	
Exact Legal Name		Federal Tax ID#	DBA Name
State of Incorporation or Residence		State Organization ID#	Phone # Fax #
Physical Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		Mailing Address	
City, State, Zip, County (Physical Address)		City, State, Zip (Mailing Address)	
Key Contact Name		Business Website Address	
Business Type: <input type="checkbox"/> Corp. <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Subchapter S <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability		E-mail Address	
Are you currently using Electronic Transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No E-Commerce transactions in use: <input type="checkbox"/> Invoices <input type="checkbox"/> Remittances <input type="checkbox"/> Payables <input type="checkbox"/> Other			
Business Year End	Last Year Gross Sales	Net Income	Year Business Established Date Acquired # of Employees
I <input type="checkbox"/> have <input type="checkbox"/> do not have insurance coverage for fire, lightning, explosion, windstorm, hail, smoke, riot, and vandalism in the amount of the requested Credit Line.		Insurance Carrier / Phone Number	Renewal Date
MFG Name: <input type="checkbox"/> Isuzu <input type="checkbox"/> Other		Requested Credit Line Amount: \$	
Principal Name & Title		Years in industry	% of ownership Social Security No.
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone No.
Principal Name & Title		Years in industry	% of ownership Social Security No.
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone No.
Principal Name & Title		Years in industry	% of ownership Social Security No.
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone No.
Has the company and/or any principal filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you, your business or any officer or owner applied for credit with IFAI before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any legal actions pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Do you have any assets pledged or assigned as collateral for your liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain	
Bank Name		City, State	Routing # Checking Acct. #
Contact Name		Bank Phone #	Credit Line Amount
Bank Name		City, State	Routing # Checking Acct. #
Contact Name		Bank Phone #	Credit Line Amount
Floorplan Finance Company Name		City, State	Credit Line Amount
Floorplan Finance Company Contact Name		Contact Phone Number	
Vendor Name, City, State		Contact & Phone #	Acct. #
Vendor Name, City, State		Contact & Phone #	Acct. #



WHOLESALE EXPRESS APPLICATION

Business Locations (Landlord's information for all locations where Isuzu Finance of America inventory will be located)

1) Principal Business location is

Landlord

2) Additional location

Landlord

3) Additional location

Landlord

Affiliated Entity

Please list the following for each entity, whether or not financed by IFAI:

Exact Business Name

Address

City, State, Zip

Entity Corporation Sub "S" Corporation LLC Partnership Sole Proprietorship

If corporation, indicate State incorporated

Date incorporated

How is the entity related to Business?

Is inventory transferred within entities? Yes No

Is each entity invoiced separately on all inventory sold by that entity? Yes No

I (or we, in the event that additional principals or potential guarantors execute this authorization by signing below) make this application to Isuzu Finance Of America, Inc. ("IFAI") for an inventory finance line of credit and give the above information to IFAI for this purpose. By my signature(s) below (original or facsimile thereof,) I authorize IFAI to file a financing statement prior to any extension of credit and to obtain information concerning any statements made herein. I understand that my personal consumer credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

Principal Signature:

Print Name:

Principal Signature:

Print Name:

Principal Signature:

Print Name:

ALL OFFICERS, PARTNERS, OR PROPRIETORS ARE REQUIRED TO SIGN ABOVE

Thank you for your interest in Isuzu Wholesale Finance. We will review your completed credit application carefully and get back to you as soon as we can. This is to advise you that if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact IFAI office at the following address: **Isuzu Finance, 2500 Westchester Ave., Suite 312, Purchase NY 10577** within sixty (60) days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within thirty (30) days of your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the bases of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is **Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.**

Isuzu Finance of America, Wholesale Finance
2500 Westchester Ave., Suite 312, Purchase, NY 10577

Please remember to include the following, depending on your entity structure:

Sole Proprietorship - provide copy of either Social Security Card or Birth Certificate

Partnership - provide copy of Partnership Agreement

Corporation or Sub S Corporation - provide Articles of Incorporation

Limited Liability Company - provide Articles of Organization and Operating Agreement



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info@isuzufin.com
www.isuzufin.com

Please review this checklist before submitting your application

- Completed and signed credit application signed by each owner/guarantor.
- Copy of **Accountant Prepared Financials** for the last three year ends, including cover letter, supporting schedules and notes, **or Complete Business Tax Returns** for the last three years, including supporting schedules.
- Most recent **Interim Financial Statement** including income statement and a balance sheet.
- Copy of Signed personal financial statements within past twelve months on all guarantors.
- Shareholder/Owners resumes if available
- Copy of endorsed (filing evidence) entity registration paperwork with the Secretary of State.
 - Corporations submit a copy of Articles of Incorporation
 - LLC submit a copy of the Articles of Organization and the Operating Agreement
 - Partnerships submit a copy of your Partnership Agreement
 - Proprietorships; submit a copy of driver's license or social security card

Notes:

- If you have more than three principals/owners, please attach all additional information including names, addresses, percentage of ownership, and social security numbers.
- Please attach any additional location information if applicable.

Mail completed original application and financial documents to:

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