

CREDIT APPLICATION



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- Check** a. If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections 1 and 3.
- Appropriate** b. If you are applying for individual credit and are married and live in a community property state, complete all Sections including Section 2 providing information about your spouse. Your spouse should not sign as "Co-Applicant." "Spouse" includes a domestic partner given the community property rights and obligations of a spouse.
- Box** c. If this is an application for joint credit, complete all Sections providing information in Section 2 about the co-applicant and initial below.

We intend to apply for joint credit:

_____ Applicant initial _____ Co-Applicant initial

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

LEASE **FINANCE**

SECTION 1. Information Regarding Applicant:

						DEALER NO. (REQ'D)	DEALER NAME
LAST NAME (PRINT)	LEGAL FIRST NAME	PREFERRED FIRST NAME	INITIAL	BIRTH DATE	DRIVER'S LIC. NO./STATE OF ISSUANCE.		Will Applicant(s) be principal driver(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	SOCIAL SECURITY/FED. ID NO.
LEASE BILLING ADDRESS (IF DIFFERENT FROM RESIDENCE)			CITY	STATE	ZIP	E-MAIL ADDRESS	
VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM RESIDENCE)			CITY	STATE	ZIP		
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)							HOW LONG? YRS. MOS.
HOME LAND LINE () ()	WORK LAND LINE () ()		CELL PHONE () ()		OTHER PHONE, CHECK BOX IF CELL PHONE <input type="checkbox"/> () ()		
OCCUPATION OR RANK	<input type="checkbox"/> EMPLOYER/ <input type="checkbox"/> SELF-EMPLOYED						HOW LONG? YRS. MOS.
EMPLOYMENT ADDRESS			CITY	STATE	ZIP		
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)			ADDRESS				HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH YOU			ADDRESS		RELATIONSHIP	PHONE () ()	
OTHER PERSONAL REFERENCES		NAME	ADDRESS		PHONE () ()		
		NAME	ADDRESS		PHONE () ()		
EDUCATION	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> 2-YR. COLLEGE DEGREE	<input type="checkbox"/> 4-YR. COLLEGE DEGREE	<input type="checkbox"/> SPECIALIZED TRAINING		

INCOME:

Applicant's gross monthly income from employment \$ _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Amount \$ _____

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

SECTION 2. Information Regarding Non-Applicant Spouse or Co-Applicant (Use separate sheets if necessary and check appropriate box.):

LAST NAME (PRINT)	LEGAL FIRST NAME	PREFERRED FIRST NAME	INITIAL	BIRTH DATE	DRIVER'S LIC. NO./STATE OF ISSUANCE		SOCIAL SECURITY/FED. ID NO.
RESIDENCE ADDRESS			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	
VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM RESIDENCE)			CITY	STATE	ZIP		
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)						HOW LONG? YRS. MOS.	E-MAIL ADDRESS
HOME LAND LINE () ()	WORK LAND LINE () ()		CELL PHONE () ()		OTHER PHONE, CHECK BOX IF CELL PHONE <input type="checkbox"/> () ()		
OCCUPATION OR RANK	<input type="checkbox"/> EMPLOYER/ <input type="checkbox"/> SELF-EMPLOYED						HOW LONG? YRS. MOS.
EMPLOYMENT ADDRESS			CITY	STATE	ZIP		
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)			ADDRESS				HOW LONG? YRS. MOS.
PERSONAL REFERENCES			NAME	ADDRESS		PHONE () ()	
			NAME	ADDRESS		PHONE () ()	

INCOME:

Joint Applicant or other party's gross monthly income from employment \$ _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Amount \$ _____

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

SECTION 3. Asset and Debt Information:

(If Section 2 has been completed, this Section should be completed giving information about both the Applicant and Co-Applicant or Non-Applicant Spouse. Please mark Applicant-related information with an "A." "CA" for a Co-Applicant and "S" for Non-Applicant Spouse. If Section 2 was not completed, only give information about the Applicant in this Section.)

<input type="checkbox"/> OWN HOME	LANDLORD OR MORTGAGE HOLDER						RENT/MORTGAGE PYMT.
<input type="checkbox"/> RENTING							\$ _____
<input type="checkbox"/> LIVING WITH RELATIVES	CITY	STATE				PHONE () ()	2ND MORTGAGE PYMT.
Previous TFS/LFS Credit? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR)			FINANCED BY			\$ _____
BANK REFERENCE	BRANCH ADDRESS					<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NO.
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY SUITS PENDING AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED BANKRUPTCY IN THE LAST 10 YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO

SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION AND REQUIRED SIGNATURES.



STATE SPECIFIC DISCLOSURES

Notice to California Residents: Applicant, if married, may apply for a separate account.

Notice for Maine, Rhode Island and Tennessee Residents: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

Notice to New Hampshire Residents: **If you are applying for a balloon payment contract, upon request and before entering into the balloon payment contract, you are entitled to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs.** A balloon contract is an installment sale contract with a scheduled final payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

Notice to New York Residents: In connection with this application, we may request a consumer report on you. If you request, we will inform you whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report. Additional consumer reports may be ordered without further notice to you in connection with any update, renewal or extension of credit granted.

Notice to Ohio Residents: 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.

Notice to Rhode Island Residents: Credit Reports may be obtained in connection with this application for credit.

Notice to Wisconsin Residents: No provision of any marital property agreement, unilateral statement (under Wis. Stat. 766.59), or court decree (under Wis. Stat. 766.70), applied to marital property, adversely affects your creditor's or lessor's (your "Creditor") interest unless your Creditor is furnished a copy of such agreement, statement, or decree to or your Creditor has actual knowledge of such adverse provision before credit is granted. If the credit is granted to you pursuant to this application, your spouse will also receive notification that credit has been granted to you.

WISCONSIN STATEMENT OF MARITAL PURPOSE: I am applying for credit which, if granted, will be incurred in the interest of my marriage and family.

Signature _____ Date _____

Signature _____ Date _____

GENERAL DISCLOSURES AND AGREEMENTS

MINIMUM PHYSICAL DAMAGE INSURANCE IS REQUIRED FOR THE FULL TERM OF THE INSTALLMENT OR LEASE CONTRACT to protect all interests thereunder against collision, fire, theft and the additional hazards covered by Combined Additional Coverage. **YOU MAY CHOOSE THE PERSON THROUGH WHICH ANY OF THIS INSURANCE IS OBTAINED.**

Fair Credit Reporting Act Disclosure

This application for credit will be submitted to the following financial institutions for purchase or consideration as to whether it meets purchase guidelines.

Financial Institution Names and Addresses:

Lexus Financial Services, Deerfield Point 200, 12735 Morris Road, Ext., Suite 260, Alpharetta, GA 30004

Application Agreement. I authorize dealer and any creditor to which dealer submits my application, together with any affiliates, agents, service providers or assignees of the dealer or creditor ("you" or "your") as follows. You may investigate my credit and employment history, obtain consumer reports on me and contact my references in connection with this application. If an account is opened for me in response to this application, I authorize you to: obtain credit reports on me for the review, update, extension or collection of my account or other legitimate business purpose related to my account; contact my references and other creditors in connection with the collection of my account including the location of my financed or leased vehicle; and release information about your credit experience with me as permitted by law.

You may call me, leave me a voice, prerecorded or artificial voice message or send me a text, email or other electronic message for any purpose related to my accounts with you, your products and services, or surveys or research (each a "Communication"). You may include my personal information in a Communication and conduct a Communication using an automated dialing machine and any contact information you have for me, including a cell phone number. You will not charge me for a Communication but my service provider may. I understand and agree, you may always communicate with me in any manner permissible by law that does not require my prior consent.

I promise that all information I have provided in connection with this application is true, correct and complete.

Applicant Signature

Date

Co-Applicant Signature (Only if Box c. is checked)

Date

