

Signature

**Print Name** 

Date

HITACHI CAPITAL AMERICA CORP. PHONE 1-800-810-0952 Press "1" for Truck Dealers FAX #203-956-3100 or 203-956-3101

Email credit apps to: dealerapps@hitachicapitalamerica.com

Hitachi Capital America Corp.		BUSINES 1	SS CREDIT APPLICA	ATION			
800 Connecticut Avenue, Norwalk CT 06854					Phone: 800-810-0952 Fax: 203-956-3100 or 3101		
Corp or Individual's FULL Legal Name:	500-1				1 ux. 200 000 01	00 01 0101	
Trade Name / D.B.A.:			U.S. DOT or MC #	: Type of Curre	Type of Current Business / Trade:		
Business Address:			Principal Officers & Title:				
			Company Website:				
Phone: Fax:		Corp S-Corp General Partnership LLP / LLC Sole Proprietorship					
		BUSINE	SS INFORMATION	· ·			
Date of Incorp / Org:	State of Incor	State of Incorp / Org:  Corp ID # or Federal Tax ID (EIN):					
# of Years in Current Business:		Prior Experience With Who? Company Name & Industry / Trade:					
# of Years of Industry Experience:							
ehicle: New/Additional Replacement		Ever Filed Bankruptcy? Y N If so, what year and why?:			Ever Had Repossession? Y N If so, what year and why		
Vehicles in Fleet:							
GUARANTORS / OWNERSHIP INFORMATION							
Parent Company:			Address:				
Principal Name:	Home Addres	SS			Social Security #: Phone:		
			lo o				
Ownership %:	Monthly Incor			Owner Opera		N	
Mortgage / Rent: \$ Principal Name:		ent Residence:		Check one:	Own Social Security #	Rent	
ғинары <b>м</b> аше.	Home Address /email:			Phone:			
Ownership %:	Monthly Income:			Owner Opera	tor: Y	N	
Mortgage / Rent: \$	Time at Current Residence:			Check one:	Own	Rent	
Principal Name:	Home Address /email:				Social Security # Phone:	:	
Ownership %:	Monthly Income:			Owner Opera	tor: Y	N	
Mortgage / Rent: \$	Time at Current Residence:			Check one:	Own	Rent	
		BANKII	NG INFORMATION	•			
Bank Name:	Contact: Name: Contact phone:			Account #:	Account #:		
Type Relationship's): Check ALL that Appl	•		Working Capital Line		n Loans	Mortgage	
Vehicle / Installment Debt:	55216/	Alimony / Chi		ve ivel elv	Liens:	1	
Credit Cards:		-	urrently Past Due? Y	N	Amount:		
Reference:	Contact: Name / Phone:				Account #		
Reference:	Contact: Name / Phone:				Account #		
The undersigned certifies under penalty of correct. The undersigned Authorizes Hitac accompanying this application. The unders investigation and administration of the tran information necessary to investigate, revier The vehicle(s) will not be used to haul here.	hi Capital Ame signed authori saction(s). Au w and adminis	erica Corp., an zes parties cor athorization is f ster transaction	nd any designee, to verify to intacted to release credit and further granted to use photon(s).	he references, st nd financial infori o static reproduc	tatements or other mation requested ctions of this form,	data listed in or as part of said if required, to obtain any	

Commercial 2-13-1 Page 12

Signature

**Print Name** 

Date