

CUSTOMER STATEMENT (INDIVIDUAL)

Transaction Type		<input type="checkbox"/> Purchase <input type="checkbox"/> Lease		<input type="checkbox"/> Individual <input type="checkbox"/> With Spouse		<input type="checkbox"/> With Co-signer *	
Date (MM/DD/YY)		Dealer Number		Dealer Name		Sales Person/Bus. Mgr.	
Applicant							
Last Name		First Name/Initial			Middle Name/Initial		
Present Address				Apt/Unit #	City	Province	Postal Code
Time at Address Yrs. Mos.		Phone #		Birth Date (MM/DD/YY)		Social Insurance No. (optional)	
<input type="checkbox"/> Own Residence – Free & Clear		<input type="checkbox"/> With Parents		Rent-Mtg/Month	Balance	Mortgage Co./Landlord	
<input type="checkbox"/> Own Residence – Mortgage		<input type="checkbox"/> Lease/Rent		\$	\$		
Previous Address				City	Province	Postal Code	Lived There Yrs Mos
Employment							
Employment Type		<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed		<input type="checkbox"/> Retired		<input type="checkbox"/> Other Income Source	
Employer Name				Address			
Time on Job Yrs. Mos.		Phone #		Occupation			
Income		<input type="checkbox"/> Monthly <input type="checkbox"/> Gross	Other Income	<input type="checkbox"/> Monthly <input type="checkbox"/> Gross	Source of Other Income		
\$		<input type="checkbox"/> Yearly <input type="checkbox"/> Net	\$	<input type="checkbox"/> Yearly <input type="checkbox"/> Net			
Previous Employer				Time on Job	Yrs.	Mos.	Phone #
Credit Information							
Bank Name		Bank Address				Transit #	Account #
<input type="checkbox"/> Chequing Balance		\$	<input type="checkbox"/> Savings Balance		\$	<input type="checkbox"/> Term Deposit	
Previous Vehicle Financed By					Current/Past	<input type="checkbox"/> No	
Accountant Name					Accountant Phone #	TCCI Customer?	
						<input type="checkbox"/> Yes	
Have you ever filed for bankruptcy?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had a car or other merchandise repossessed?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you possess a valid driver's license?	
						<input type="checkbox"/> No <input type="checkbox"/> Yes	
Personal Reference							
Name and Address of Relative or Reference not in Household					Phone #	Relationship	
Vehicle Data							
Year	Make	Model Code		Suffix Code	<input type="checkbox"/> New <input type="checkbox"/> Used	Term	Rate
Selling Price	\$	Loan Amount	\$	Down Payment	\$	Est. Monthly Pmts	\$
MSRP	\$	Capital Cost	\$	Lease End Value	\$	Security Deposit	\$
Trade-in Year	Make	Model			Trade-in Allowance	Lien Amount	
					\$	\$	
<p>I acknowledge that Toyota Credit Canada Inc. ("Toyota Credit") will rely on the information above to assess my creditworthiness. I certify that the information above is true and complete. I consent and agree that Toyota Credit may, from time to time, (i) request a consumer report from a consumer reporting agency containing credit and other relevant personal information for the purpose of confirming and verifying any information on this Customer Statement; and (ii) exchange with any consumer reporting agency, credit bureau, other credit providers and the relevant dealer any information covering this Customer Statement and any credit granted as a result of the information provided on this Customer Statement for the purpose of confirming, verifying and updating such information, or as permitted by law.</p> <p>For a copy of Toyota Credit's Privacy Policy please visit www.privacy.toyotafinancialservices.ca or www.privacy.lexusfinancialservices.ca, ask the Dealer or call Toyota Credit at 1-888-TOYOTA-8 or 1-800-26-LEXUS and ask for the Privacy Officer.</p>							
Applicant Signature _____							
T.C.C.I. Reference #							

For non-spousal co-signer, submit additional "Customer Statement (Individual)"