

# 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.
<b>Applicant</b>					
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"/> Own Residence – Mortgage		<input type="checkbox"/> With Parents <input type="checkbox"/> Lease/Rent	Rent-Mtg/Month \$	Balance \$	Mortgage Co./Landlord
Previous Address		City	Province	Postal Code	Lived There Yrs. Mos
<b>Employment</b>					
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"/> Yearly	<input type="checkbox"/> Gross <input type="checkbox"/> Net	Other Income \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Gross <input type="checkbox"/> Net
Source of Other Income					
Previous Employer		Time on Job	Yrs.	Mos.	Phone #
<b>Credit Information</b>					
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 TCCI Customer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Accountant Name		Accountant Phone #			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes		Have you ever had a car or other merchandise repossessed? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you possess a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Personal Reference</b>					
Name and Address of Relative or Reference not in Household			Phone #	Relationship	
<b>Vehicle Data</b>					
Year	Make	Model Code	Suffix Code	<input type="checkbox"/> New <input type="checkbox"/> Used	Term
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 <a href="http://www.privacy.toyotafinancialservices.ca">www.privacy.toyotafinancialservices.ca</a> or <a href="http://www.privacy.lexusfinancialservices.ca">www.privacy.lexusfinancialservices.ca</a>, ask the Dealer or call Toyota Credit at 1-888-TOYOTA-8 or 1-800-26-LEXUS and ask for the Privacy Officer.</p>					
<p>Applicant Signature _____</p>					
<p><b>T.C.C.I. Reference #</b></p>					

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