

Toyota Material Handling Ohio Cash Customer Set-up

Please complete this application by entering the information requested below. Please include a valid, signed tax exempt certificate if applicable. Toyota Material Handling Ohio respects your privacy and is committed to protecting it at all times. **If paying by cash, payment is due upon services rendered**

COMPANY INFORMATION			
Bill To:	Ship To: Same as Bill To		
Street:	Street:		
City: State: Zip:	City: State: Zip:		
Phone: Fax:	Sales Tax #:		
Federal ID #:	Tax-exempt <input type="checkbox"/> <small>If your company is tax-exempt a certificate(s) must be returned with this information. If a complete tax exemption certificate is not received Toyota Material Handling Ohio MUST charge sales tax on your invoices.</small>		

BUSINESS INFORMATION (check all that apply)	
<input type="checkbox"/> PUBLIC ENTITY <input type="checkbox"/> PRIVATE ENTITY	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETERSHIP <input type="checkbox"/> OTHER (please specify) PARENT COMPANY (if applicable) DUNS Number Years in Business

Credit Card Authorization <input type="checkbox"/> One Time Charge <input type="checkbox"/> Recurring Charge
<p>Please complete the information below:</p> <p>I, (authorized AP personnel) _____ authorize Toyota Material Handling Ohio to process a recurring/one time charge for \$ _____ on the day service is rendered.</p> <p>This payment is for _____ (Description of goods/services)</p> <p>Billing Address _____ City, State, Zip _____ Email _____</p> <p>Phone _____ Fax _____</p> <p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Cardholder Name _____</p> <p>Account Number _____</p> <p>Expiration Date _____</p> <p>CVV2 (3 digit number on back of Visa/MC/Discover) _____</p> <p>Signature _____ Date _____</p> <p>I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the amount indicated for the amount above only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated above. I understand that this authorization does not grant permission to charge my card for any additional goods/services.</p>

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 5667 East Schaaf Road
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 Fax: (216) 328-0870

Toledo
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 Toledo, OH 43612
 (800) 223-8025
 Fax: (419) 865-3836

Columbus
 8399 Green Meadows Drive
 North, Lewis Center, OH
 Office: (614) 896-2360
 Fax: (614) 896-2368