

Yamaha Motor Corporation, USA Card Program

Application Type: A married person may apply for individual credit, you are applying for:
 INDIVIDUAL CREDIT, complete only individual section.
 JOINT CREDIT, with another person, complete entire application.

APPLICANT (Please Print)

Applicant's Driver's License Number			State of Issue	Date of Issue	Expiration Date
First Name	Middle Initial	Last Name	Social Security Number		Date of Birth (MM/DD/YYYY)
Address			Apt. #	City	State
			Zip Code	Home Phone	
Work Phone			Housing Status: <input type="checkbox"/> Buyer/Owner	Annual Income* (Gross)	Check if you have a:
()			<input type="checkbox"/> Rent/Lease	\$	<input type="checkbox"/> Checking Account
Date of Residence (MM/YYYY)			Employer Name		Date of Employment (MM/YYYY)
/ /					/ /

For WI Residents Only: Check box if you are married: ***Note:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

JOINT APPLICANT or if you are a MARRIED WISCONSIN RESIDENT

Joint Applicant's Driver's License Number			State of Issue	Date of Issue	Expiration Date	E-mail Address (Optional)
First Name	Middle Initial	Last Name	Social Security Number		Date of Birth (MM/DD/YYYY)	
Address			Apt. #	City	State	Zip Code
					Home Phone	
Work Phone			Annual Income* (Gross)	Date of Residence (MM/YYYY)	Employer Name	Date of Employment (MM/YYYY)
()			\$	/		/

PROTECT YOUR ACCOUNT WITH the YP³ SM Yamaha Payment Protection Program (referred to below as YP³ SM) AN OPTIONAL MONTHLY DEBT CANCELLATION PROGRAM.

If you enroll in our optional YP³ program, your monthly credit card balance or a portion of your balance may be cancelled in the case of a qualifying Total Disability, Involuntary Unemployment, or Loss of Life event. For Total Disability, the maximum balance that may be cancelled is \$300 per month, up to \$10,000 and, for Involuntary Unemployment, up to \$300 per month for six months. For Loss of Life, the maximum balance that can be cancelled is \$10,000. To receive a cancellation for Involuntary Unemployment or Total Disability, you must be employed full-time (but not self-employed, working for a spouse or employed on a part-time basis) and working 30 hours or more per week at a single job on the date the event occurs. **YP³ is not insurance** and is unavailable in **Mississippi, Guam, the Virgin Islands, Puerto Rico and Canada.**

YES, please enroll me, **the primary cardholder**, in the optional YP³ monthly debt cancellation program. I authorize the monthly charge to my account when I have a balance. I have received and read the YP³ Summary. I understand that your evaluation of my credit card application will not be influenced by whether I choose to enroll, and I am free to cancel at any time.

NO, I do not wish to enroll at this time.

SIGN HERE TO ENROLL _____ DATE _____

SIGN HERE TO DECLINE _____ DATE _____

DC-11-15 Ed. 06/01/05

APPLICANT(S) SIGNATURE REQUIRED BELOW

All of the information furnished on this application is, to the best of your knowledge, complete and accurate. You agree that we may obtain a credit bureau report on you and may check any of the information provided on this application from whatever source we choose. By completing and signing this application, you are applying for a credit limit in the highest amount we deem appropriate, regardless of any initial sale amount, and you are requesting a Card issued to you by us which will allow you to make purchases under this Account. By a) signing, using or permitting others to use this Card; b) signing or permitting others to sign sales slips; c) making or permitting others to make purchases by telephone, Internet, or any other means, you agree to the terms and conditions of the Cardholder Agreement and Disclosure Statement, (which includes an arbitration provision) which shall be sent to you with the credit card and to the Tiered APR Disclosures, which you acknowledge receiving and which are incorporated herein by reference. You have read and received a copy of your Important Terms and Tiered APR Disclosure before making any purchase under this Account. Terms are attached. If this is a joint credit application, you understand that each applicant has the right to use the Account and that you shall be liable for all purchases made under the Account by any joint applicant. You grant us a purchase money security interest in the goods purchased on your Account. **You understand that we may provide information relating to our transactions and experiences with you to others, including Yamaha, whether or not you are approved for credit. You may prohibit the sharing of such information by calling us at 1-800-365-3804.**

Applicant's Signature	Date (MM/DD/YY)	STORE USE ONLY:		Expires
↓	/ /	Applicant's Second ID	(Type and Number)	
Joint Applicant's Signature	Date (MM/DD/YY)	Joint Applicant's Second ID	(Type and Number)	Expires
↓	/ /			

6022-YAMAHA-US-20 (7-05) Authorization Number _____ Name of Person Obtaining Verification and # _____

TIER VERIFICATION

This section must be completed when the applicant is approved

YOU ACKNOWLEDGE YOU HAVE RECEIVED AND READ THE TIER 1 2 3 4 (circle one) STANDARD APR DISCLOSURE.	Applicant's Signature	Date (MM/DD/YY)
	X	/ /
	ACCOUNT #:	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IMPORTANT CUSTOMER DISCLOSURE INFORMATION ATTACHED - PLEASE DETACH AND RETAIN FOR YOUR RECORDS.