



ORDERING INSTRUCTIONS & CUSTOMER INFORMATION FORM

6999 Southfront Road, Livermore, CA 94551
Phone: 510-675-0500 • Fax: 925-961-1204

Branch Offices:
Sacramento • Salinas • Fresno • North Bay

Thank you for choosing Toyota Material Handling for all your forklift and warehouse needs

When ordering, please have the following information available:

- Company Name
- Billing information
- Shipping Information
- Purchase Order Number

Payment Options

Credit Cards

TMHNC accepts Visa, Master Card, Discover with a convenience fee of 3.5% or American Express with a convenience fee of 5%.

COD/Company Check

TMHNC requires a completed/approved and signed customer information form for this payment method.

COD/Check

On initial orders, TMHNC will require payment by certified check or money order.

Net Terms

TMHNC encourages customers to establish credit terms by completing a customer information form and submitting it to our Credit Department for approval. Standard approved credit terms are Net 30 days on parts and service for those customers who meet the credit requirements of our company. TMHNC reserves the right to change credit terms at any time, on its sole discretion and without prior notification.

All new equipment orders are Cash on Delivery "COD" or signed financing documents and all used equipment orders are COD.

Returned Checks

A fee will be charged for returned checks.

Our remittance address

RJMS Corporation dba Toyota Material Handling
PO Box 398526
San Francisco, CA 94139-8526

Please return your completed customer information form, along with your resale certificate if applicable and any billing requirements to ar@tmhnc.com or fax to 925-961-1204.

Our Mission Statement

Our mission is to be a sustainable, adaptable and innovative equipment and service provider by always creating the best possible experience for our customers, suppliers and associates.



CUSTOMER INFORMATION

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Toyota Material Handling Northern California will never give out wire instructions by email.
If wire instructions are needed, please call our ar team at 510-675-0500 and ask for the accounts receivable department.
TMHNC charges a convenience fee on all credit card payments; American Express 5% & Visa, Mastercard, Discover 3.5%

Legal Name: _____ Date: _____

D.B.A: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Fax Number: _____

Accounts Payable Contact: _____ Accounts Payable Email: _____

Purchase Order Required: Yes: No: *Please Attach any special billing instructions*

Ownership: Corporation: Partnership: Proprietorship: Year Business Started: _____

State Board of Equalization / Resale No: _____ Federal ID No: _____

Must attach Resale Certificate if applicable.

President / Owner Name: _____ Controller Name: _____

Trade References Check box if Corporate Reference Sheet is attached:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name of Bank: _____ Account No.: _____

Address: _____ Telephone: _____

City & State: _____ Bank Contact Name: _____

The applicant hereby acknowledges that terms of payment for any and all goods and / or services, are NET THIRTY (30) DAYS from date of invoice, EXCEPT EQUIPMENT TERMS ARE Cash on Delivery "COD" or signed financing documents. A Finance Charge with a monthly periodic rate of 1-1/2% (being an ANNUAL PERCENTAGE RATE OF 18%) is imposed on all past due amounts. Please pay from invoice. It is further acknowledged by the Applicant that should a Collection Process be instituted to recover any monies owed, liability for Court Fees, Attorney Fees, and all costs rest with the applicant.

Print Name and Title: _____ Authorized Signature: _____



CREDIT CARD AUTHORIZATION FORM

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Date: _____

Customer Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Fax Number: _____

Credit Card (check one): Visa MasterCard American Express Discover

Credit Card #: _____

Name on Card (print): _____ Expiration Date: _____ Verification Code: _____

Email for Credit Card Receipt: _____

I hereby authorize Toyota Material Handling to use my credit card for purchasing equipment, service performed, parts ordered, or training classes. A deposit of \$ _____ may be required based on the Credit Department review of our account. Once invoice is closed the balance will then be added to the credit card, or refunded if TMH over charged for the service performed, or parts ordered.

Print Name and Title: _____ Authorized Signature: _____