

**Trinity Trailer Mfg, Inc. / EK Leasing L.L.C.**

**CREDIT APPLICATION**

PHONE: 208-336-3666 FAX: 208-336-3741

Please check one of the following three options to indicate which company you wish to apply for credit with:  Trinity Trailer Mfg., Inc.  EK Leasing L.L.C.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ CITY: \_\_\_\_\_ Fax #: \_\_\_\_\_

State & Zip \_\_\_\_\_ SSN/Employer #: \_\_\_\_\_

Contact Name \_\_\_\_\_ Email address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Is this a: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_

Bank: \_\_\_\_\_ Acct#: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

**LINE OF CREDIT TO BE USED FOR: PARTS \_\_\_\_\_ RENTAL \_\_\_\_\_**

**CREDIT REFERENCES**

**(CREDITORS REFERENCED BELOW MUST HAVE A MINIMUM CREDIT LIMIT OF \$2000)**

**Please Provide Open Accounts credit references other than vehicle loans, tires, or fuel type accounts.**

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CREDIT LIMIT: \$ \_\_\_\_\_ FAX #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CREDIT LIMIT: \$ \_\_\_\_\_ FAX #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CREDIT LIMIT: \$ \_\_\_\_\_ FAX #: \_\_\_\_\_

Applicant agrees to Credit Terms: Net 10 days but no longer than 30. Lease payments are due the 1<sup>st</sup> of the month. Outstanding balances are subject to 1½% per month interest. Applicant agrees to pay invoices within terms, late fees and all collection costs incurred to collect the account balance, including collection fees and attorney's fees. I HEREBY AUTHORIZE RELEASE OF INFORMATION CONCERNING MY CREDIT HISTORY AND ACCOUNT INFORMATION TO TRINITY TRAILER MFG., INC. AND EK LEASING LLC AND/OR THEIR AGENTS.

Please Print Your Name: \_\_\_\_\_

Pleased Sign Here: \_\_\_\_\_

DATE: \_\_\_\_\_