

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 two options to indicate which company you wish to apply for credit with:

Trinity Trailer Mfg., Inc.

EK Leasing L.L.C.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

SSN/Employer Number: _____ Years in Business: _____

Email Address: _____

Is this a: Corporation _____ Partnership _____ Proprietorship _____

Bank Name: _____ Account Number: _____

Phone Number: _____ Contact: _____

LINE OF CREDIT TO BE USED FOR: PARTS _____ RENTAL _____

CREDIT AMOUNT REQUESTED: _____

(REPAIRS ARE PAYABLE AT TIME OF PICKUP)

CREDIT REFERENCES

(CREDITORS REFERENCED BELOW MUST HAVE A MINIMUM CREDIT LIMIT OF \$2000.00)

Please provide open account credit references other than vehicle loans, tires or fuel type accounts.

COMPANY NAME: _____ CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ACCOUNT NUMBER: _____ CREDIT LIMIT: _____

COMPANY NAME: _____ CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ACCOUNT NUMBER: _____ CREDIT LIMIT: _____

COMPANY NAME: _____ CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ACCOUNT NUMBER: _____ CREDIT LIMIT: _____

Applicant agrees to Credit Terms: Net 10 days but no longer than 30. Lease payments are due the 1st of the month. Outstanding balances are subject to 1 ½% 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. You must reapply if the account is inactive for a period of 2 years. I HEREBY AUTHORIZE RELEASE OF INFORMATION CONCERNING MY CREDIT HISTORY AND ACCOUNT INFORMATION TO TRINITY TRAILER MFG., INC. AND EK LEASING L.L.C. AND/OR THEIR AGENTS.

Please Print Your Name: _____

Please Sign Your Name: _____ Date: _____