

TRINITY TRAILER MFG., INC./EK LEASING L.L.C.
CREDIT APPLICATION

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

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

Credit Application is for:

☐ Trinity Trailer Mfg., Inc. ☐ EK Leasing L.L.C.

The line of Credit will be used for: ☐ Parts ☐ Rental
Credit Amount requested: _____
Bank Name: _____ Account Number: _____
Phone Number: _____ Contact: _____

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: _____ Phone number: _____
Contact: _____ Fax number: _____
Account Number: _____ Credit Limit: _____

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Contact: _____ Fax number: _____
Account Number: _____ Credit Limit: _____

Company Name: _____ Phone number: _____
Contact: _____ Fax number: _____
Account Number: _____ Credit Limit: _____

Applicant agrees to Credit Terms: Net 30 days. 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: _____