

CREDIT APPLICATION FOR PARTS (NOT A RENTAL APP)



DATE:		COMPANY	LEG	AL NAN	ΛE:						
ADDRESS: CITY:				STATE: ZIP:							
PHONE: FAX: E-MAIL:											
TYPE OF BUSINESS: PROPRIETORSHIP [] CORPORATION [] SOLE OWNER [] PARTNERSHIP []											
LLC [] YEAR INCORPORA):		YEAR ESTABLISHED:				
NAME OF PRIMARY CONTACT:							CELL PH	CELL PHONE:			
FEDERAL IDENTIFICATION NUM	WE ARE IN THE BUSINESS OF:										
CONTRACTORS LICENSE:		E NUMBER									
EXPIRATION: DnB NO:											
OWNERS INFORMATION											
NAME: TITLE: SSN# HOME PHONE: CELL:											
NAME:				N#				CELL:			
		TITLE:				HOME PHONE:			_		
NAME:									CELL:		
HAS APPLICANT OR ANY OWNERS EVER FILED BANKRUPTCY? IF YES, WHEN? BUSINESS OR PERSONAL?											
NAME OF BUSINESS? IF YES, EXPLAIN:											
BANK NAME: ADDRESS: CITY: STATE: ZIP:											
BANK NAME:	ADDRESS:				CITY:		S	STATE:			
ACCOUNT #:	BANK CONTAC			T:			PHONE:	PHONE:			
INSURANCE INFORMATION											
COMPANY NAME:	ADDRES	S:			CITY:			STATE:		ZIP:	
CONTACT:	PH:		РО	LICY #:		EXP:	<u> </u>	E-MAIL:			
TRADE REFERENCES - LIST COMP	ANIES YOU	CURRENTLY H	AVE	OPEN A	CCOUNTS W	ITH (PLEA	SE DO NOT LI	ST HEAVY	EQUIPM	ENT COMPAN	IES)
NAME:	ADDRESS:				CITY:			STATE:		ZIP:	
HOW LONG:	PHONE:				FAX:			E-MAIL:		710.	
NAME: HOW LONG:	ADDRESS: PHONE:				CITY: FAX:			STATE: E-MAIL:		ZIP:	
NAME:	ADDRESS:		CITY:				STATE:		ZIP:		
HOW LONG:	PHONE:			FAX:				E-MAIL:			
NAME:	ADDRESS:				CITY:			STATE:		ZIP:	
HOW LONG:	PHONE:	ALIT	J∩PI	TV TO O	FAX:	NAENIT		E-MAIL:	_		
AUTHORITY TO ORDER EQUIPMENT ARE JOB NUMBERS REQUIRED? YES [] NO [] IF YES, BEFORE RENTING [] WRITTEN [] OR VERBAL []											
ARE PURCHASE ORDERS REQUIRED?	_										
ARE PURCHASE ORDERS REQUIRED? YES [] NO [] IF YES, BEFORE RENTING [] WRITTEN [] OR VERBAL [] [] Anyone representing themselves as an employee of your company, verbally. [] Anyone presenting a written purchase order											
[] Anyone representing themselves as an employee of your company, verbally. [] Anyone presenting a written purchase order											
THIS APPLICATION COVERS ALL										EQUIPMENT,	
APPLICANT AG								NTAL CONT	RACTS.		
		ONFIRM INFO									
Applicant hereby authorizes TRINITY to obtain credit, financial and personal information of any kind concerning customer from any source. The CUSTOMER											
authorizes TRINITY, to investigate CUSTOMER'S credit history either in connection with this application for credit or later in connection with an update, renewal or extension of additional credit under this agreement. The CUSTOMER further authorizes TRINITY, to furnish information concerning CUSTOMER'S accounts to											
consumer reporting agencies and others who in TRINITY'S discretion may properly receive such information.											
Applicant agrees to repayment in accordance with TRINITY'S terms (30 Days) and to a service charge of 2% per month on past due account. In the event of legal											
action, I agree to reimburse TRINITY for costs of collection, including reasonable attorney's fees and court costs											
ADDITIONAL TERMS AND CONDITIONS: No returns accepted thirty (30) days after purchase. Returns must be accompanied by the original invoice. We reserve the right to refuse the return of any good(s) which in our opinion is unsaleable, in unacceptable condition or non-returnable to our supplier. No Return on special											
orders or electrical parts. All Charges on open account are due and payable within thirty (30) days from invoice date. The buyer agrees to pay a service charge of											
1.5% per month, 18% annually, charged on all past due balances owing as well as any and all costs incurred for collection and attorney fees, if such is required to											
effect collection of this account. Merchandise cut to length or special order goods are NOT REFUNDABLE, Delivery is subject to strike, an act of God and											
availability of the merchandise. Seller is not responsible for delays or non-delivery because of these reasons. The buyer must notify the Seller in writing of any											
complaints, whether it is for damages or insufficiencies or the number of items delivered, within a ten (10) day period from date of delivery. If Buyer does not make such a notification any defect or deficiencies are to be considered to be waived by the Buyer. Signature of Buyer acknowledges that he has inspected the											
merchandise and/or authorized the repair work and has accepted the merchandise and/or repair work is satisfactory condition. Title to the merchandise covered											
by this invoice remains vested in the s	•	•					•				
conditions of this sales contract.		•	•						•		
COMPANY:											
NAME:											
TITLE:											
TITLE:											
TITLE: SIGNATURE:											