



Credit Application

info@trinity-ms.com

| BUSINESS INFORMATION | | | |
|---|-------|---|---------------|
| Company Name: | | Business Phone: | Business Fax: |
| Physical Address: | City: | State: | Zip Code: |
| Years Under Same Ownership: | | | |
| Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit <input type="checkbox"/> Municipality | | | |
| Federal I.D. No.: | | Date of Incorporation/Organization/Business Start Date: | |

| PERSONAL INFORMATION <i>Include all owners to account for 100% of company ownership</i> | | | |
|---|-----------------|------------------|------------------|
| 1. Owner / Primary Contact | Title: | Ownership % | SSN: |
| Home Phone: | Business Phone: | Alternate Phone: | E-mail Address: |
| Home Address: | | City: | State: Zip Code: |
| 2. Owner | Title: | Ownership % | SSN: |
| Home Address: | | City: | State: Zip Code: |
| 3. Owner | Title: | Ownership % | SSN: |
| Home Address: | | City: | State: Zip Code: |

| EQUIPMENT INFORMATION | | | | | | |
|---|------|--------|------------|---|---------------------------------------|--|
| <i>Please attach the equipment quote if available</i> | | | | YEAR | MAKE | MODEL |
| 1 | Qty: | Price: | Equipment: | | | |
| 2 | Qty: | Price: | Equipment: | | | |
| Location where equipment will be based: | | | | <input type="checkbox"/> Business address | <input type="checkbox"/> Home Address | <input type="checkbox"/> Other (please describe below) |
| Address: | | City: | | State: | Zip Code: | |

| | | | |
|-------------------|-----------------------------|-----------|------------|
| Equipment Seller: | City: | State: | Phone: |
| Trinity MS | 13913 Artesia Blvd Cerritos | CA 90703. | 7142448828 |

Applicant warrants that all the information provided to the Lessor is true and correct, and authorizes SunBridge Leasing Corporation and/or its assigns and affiliates to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease. By signing below applicant also authorizes SunBridge Leasing Corporation and/or its affiliates to send via mail, email or facsimile new offer(s) on a recurring basis. You will have option to unsubscribe at any time.

 Name Signature Title Date