



TRINITY TRANSPORT INC
CREDIT APPLICATION

Dear Customer:

We are eager to serve your transportation needs. We require the following information. Please print or type in the below spaces provided. Incomplete applications will be returned unprocessed. The Credit Department fax line is **(302) 253-0357**. Please advise your Trinity Representative you have faxed a credit application to Trinity's credit department.

Trinity Representative: _____ Trinity Office: _____

BUSINESS CREDIT APPLICATION

Company Name: _____
Address : _____
Billing Address: _____
Telephone : _____
Fax : _____
Email Address : _____
Contact
Person: _____

GENERAL BUSINESS INFORMATION

Type of Business : _____
Number of Years in Business : _____
Tax ID Number : _____
Dunn & Bradstreet Number : _____ SIC CODE _____
Business Structure: "C" Corporation _____ "Sub. S" Corporation _____ Sole Proprietorship _____
General Partnership _____ Limited Liability Corporation _____ Other _____
Affiliated Companies : _____
Branch Locations: _____

CREDIT REFERENCES

Creditor : _____
Address : _____
Phone No : _____ Contact: _____
Fax No. : _____ Email : _____
Creditor : _____
Address : _____
Phone No : _____ Contact: _____
Fax No : _____ Email : _____
Creditor : _____
Address : _____
Phone No : _____ Contact: _____
Fax No. : _____ Email : _____

TRADE REFERENCE

Creditor : _____
Address : _____
Phone No: _____ Contact: _____
Creditor : _____
Address : _____
Phone No: _____ Contact: _____
Creditor : _____
Address : _____
Phone No: _____ Contact: _____



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CORPORATE PRINCIPALS, PARTNERS or OWNERS

Name : _____ Title : _____
Name : _____ Title : _____
BANKING RELATIONSHIP
Bank : _____ City : _____
Officer : _____ Phone: _____

FINANCIAL HEALTH

Recent Quarter Revenue: _____ Recent Quarter Net Income: _____
Recent Quarter Current Assets: _____ Recent Quarter Current Liabilities: _____
Has your company ever filed for bankruptcy within the past 10 years? Yes No
If Yes, when filed: _____
If Yes, what Chapter (ie: 7, 11, etc): _____
Are there any current tax liens against your company? Yes No
If Yes, what amount: _____
Are there any legal suits pending against your company? Yes No
What is the amount of the suit(s)? _____

A. FINANCIAL TERMS:

1. Payment is due on or before fifteen (15) days from the date of the invoice.
2. Any past due accounts are subject to the suspension of credit extension.
3. Trinity reserves the right to issue a lawful Demand for any amount owed Trinity by the applicant. The applicant will be responsible for all costs to include possible Attorney fees and Court costs incurred by Trinity in the collection of amounts owed to Trinity by the applicant.
4. It is understood and agreed by applicant that a credit investigation will be completed in conjunction with this credit application submission.
5. The applicant attest and affirm the information provided on this application is true and accurate.

B. PAYMENT AGREEMENT:

1. If credit is granted the customer agrees with and understands Trinity's payment terms is that payment is expected on or before fifteen (15) days from date of the invoice.
2. No late fee will be assessed to the customer unless customer receives written notice from Trinity stating our intent to assess said late charges on delinquent invoices. A delinquent invoice is defined as invoices that exceed Forty-Five (45) Days from the date of the invoice. If the customer is notified by Trinity, relative to assessing late fees, said late charge assessment will be 2% per month or 24% per annum on outstanding delinquent balances. The late fee percentage assessment is compounded daily.
3. The laws of the State of Delaware will be applicable at all times. Venue for legal disputes will always be in a Court within the State of Delaware.

I (We) certify and affirm by our signatures below that all the information on this Credit Application is true and correct. I (We) understand the credit terms and agree to make payments in an as agreed manner.

Name : _____ Title : _____
Signature: _____ Date : _____