



**Collision Repair Credit Line Application**

**BUSINESS**

CUSTOMER (EXACT LEGAL NAME)				DBA			
STREET ADDRESS			CITY		STATE	ZIP	TELEPHONE NO.
CELL PHONE NO		EMAIL ADDRESS			FACSIMILE NO.		
GROSS ANNUAL SALES		YEARS IN BUSINESS		YEARS UNDER CURRENT OWNERSHIP		FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO.						STATE OF INCORPORATION	

**OWNERSHIP**

PRINCIPAL #1 NAME		TITLE		SOCIAL SECURITY NO.		% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS			CITY		STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)			MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		
PRINCIPAL #2 NAME		TITLE		SOCIAL SECURITY NO.		% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS			CITY		STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)			MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		

**REFERENCES**

BANK NAME	BANK CONTACT NAME	BANK CITY		CURRENT CHECKING BALANCE	BANK TELEPHONE NO.	
BANK ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.		LOAN NO.	

**DISTRIBUTOR**

CONTACT NAME	TELEPHONE NO.
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I understand this equipment application may be approved based on my business and personal credit. I authorize Trinity, a division of Bank of the West or its assignees to check references, bank accounts and credit information.

**X** \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).** If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Trinity, a division of Bank of the West, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

**For questions, please contact Dave Johnson at (800) 841-4433 ext. 74296 or dave.johnson@trinityvf.com**  
**PLEASE INCLUDE AN ITEMIZED QUOTE IF AVAILABLE**

**Estimated Lease Finance Program**

**Equipment Description:** \_\_\_\_\_

**Estimated Amount Financed:** \$ \_\_\_\_\_

Lease Term/Months: 

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Estimated Monthly Payment\*: 

\$ _____	\$ _____	\$ _____
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\*Plus applicable sales tax. Payments assume \$1.00 end of term purchase option, first and last payments in advance.