

## (414) 588-5113 BRIAN@TRINITYCPLLC.COM

## **CREDIT APPLICATION**

## WWW.TRINITYCPLLC.COM

TRINITY REPRESENTATIVE: BRIAN DINEEN			DATE		
EQUIPMENT		SALE PRICE			
BUSINESS NAME		BU FE	SINESS ENTITY Co	orp  Partner  Proprietor	
TYPE OF BUSINESS	YEAR STAF	RTED	E-MAIL:		
PHONE #	CELL #		FAX #		
MAILING ADDRESS		CITY • STATE • ZIP			
GARAGE ADDRESS		CITY •	STATE • ZIP		
CREDIT INFORMATION - Bank,	, Savings & Loan, Fina	nce Compa	ny		
NAME OF FINANCIAL INSTITUTION - Business Checking		Branch		Account #	
Contact Name	ct Name		ne Number	Fax Number	
TRADE REFERENCES/SUPPLIERS		Phone # / Fax #		Contact	
1) NAME					
2) NAME					
PRINCIPAL INFORMATION - Required		PARTNER OR SPOUSE INFORMATION			
NAME		NAME			
SOCIAL SECURITY #		SOCIAL SECURITY #			
DATE OF BIRTH		_DATE OF	DATE OF BIRTH		
ADDRESS		_ADDRESS	<u> </u>		
CITY•STATE•ZIP		CITY•STATE•ZIP			
hereby authorize all credit information to be released to Trinity Capit.  QUAL CREDIT OPPORTUNITY ACT. If your application for busines  tiliwaukee St. #318, Milwaukee, WI 53202 (414) 588-5113 within 60 of  IOTICE: The federal Equal Credit Opportunity Act prohibits creditors  ontract); because all or part of the applicant is income derives from a  ompliance with this law concerning this creditor is the Federal Trade  by submitting this Application, the undersigned warrants that the appl  efers this Application may obtain commercial and consumer credit re  elease any credit and financial information; (c) the information on or  nancing solely for business and commercial purposes and NOT for p  equest for additional financing and all notices, disclosures, consents	so credit is denied, you have the right to a written a days from the date you are notified of our decision. from discriminating against credit applicants based ny public assistance program; or because the appl Commission, Equal Credit Opportunity, Washington icant and everyone listed as principal, partner, owr ports, investigate references and statements, and accompanying this Application is true and correct a presonal, family or household purposes; (e) the app	ation shall serve as valid tatement of the specific re We will send you a writted on race, color, religion, icant has in good faith ex on, DC 20580.  The guarantor or obligor cmake other credit inquirie and the undersigned will nilicant, if an individual, is	as an original.  asons for the denial. To obtain the statement n statement of reasons for the denial within 3 national origin, sex, marital status, age (providercised any right under the Consumer Credit from the Consumer	Ö days of receiving your request for the statement. led the applicant has the capacity to enter into a binding Protection Act. The federal agency that administers with Capital Partners LLC ("Trinity") and any to whom it and anybody contacted in connection therewith may rmation; (d) his Application is submitted in connection.	
ndividual Name – please print		Partner or Spouse Name – please print			
Signature	Date	Signature		Date	

Trinity Capital Partners LLC, 1601 N. Jackson St., Ste. 507, Milwaukee, WI 53202