

Trailer Source Inc. Rental Information.

1. The Credit Application **MUST** be completely filled out and signed to apply for credit.

If credit is extended the following will apply:

2. First month rent and a deposit equal to the amount of 1 or 2 months rent required up front, depending on your credit.
3. Insurance Certificate is required on every trailer before it can leave the yard. **PLEASE** notify your insurance agent that you authorize Trailer Source, Inc to be added to your policy as a Loss Payee and Additional Insured for the long term trailer that you are renting. I will supply them with the trailer information.
4. All rentals will be billed mileage unless negotiated and approved by management.
5. If you are Sales Tax Exempt, please fill out the top portion of page 3 of the Buyer's Retail Sales Tax Exemption Certificate. Your Tax Registration Number is your MC number.
6. A valid credit card/debit card must be on file while you have the trailer on rent. You have the option for automatic payments via Credit/Debit card or ACH.
7. Copy of driver's license. Each driver that picks up a trailer will be required to show identification.

Trailer Source Inc.

CREDIT APPLICATION

Trailer Source, Inc.

14007 131ST ST

Orting, WA 98360

Phone: (253)435-0993 fax: (253)435-0997

Email to:

foxj11@gmail.com

BUSINESS INFORMATION

COMPLETE LEGAL COMPANY NAME					<input type="checkbox"/> CORP <input type="checkbox"/> PROP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNI <input type="checkbox"/> NON PROFIT					
STREET ADDRESS				CITY			STATE		ZIP	
COUNTY			PHONE #		FAX#		EMAIL ADDRESS			
NATURE OF BUSINESS					OTHER BUSINESS NAME USED					
STATE ID#		DATE STARTED OR INCORPORATED			YEARS UNDER CURRENT OWNERSHIP YEARS			MC/CC#		

OFFICERS/OWNERS/PARTNERS

NAME #1				NAME #2			
TITLE		%OWNED		TITLE		%OWNED	
SPOUSE		%OWNED		SPOUSE		%OWNED	
RESIDENCE				RESIDENCE			
HOME PHONE #		SSN		HOME PHONE #		SSN	

BANK REFERENCES

BANK NAME	PHONE #	ACCT#	CONTACT	ACCT. TYPE

TRADE REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

VENDOR INFORMATION

COMPANY NAME	PHONE #	FAX#	CONTACT
ADDRESS			
EQUIPMENT LOCATION(PHYSICAL ADDRESS):			

Would you consider automatic withdrawal of your monthly payment as a payment option? yes no

INSURANCE INFORMATION

COMPANY NAME	PHONE #	FAX#	AGENT
ADDRESS		POLICY #	

The undersigned is/are willing to serve as guarantor of the above transaction. The undersigned authorize(s) Trailer Source, Inc and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Trailer Source, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the applicant and certifies that all statements contained herein are true and correct. I/we hereby agree to the above terms and conditions and do assume personal liability for payment of said applicant's account. It is understood that the credit would not be extended to said applicant without this personal guarantee.

Signature _____ Date _____
Name (please print) _____ Title _____

For Office Use Only

Approved/Denied

Reason:

By:

I, the undersigned buyer, understand that by completing and signing this certificate I am certifying that I qualify for the tax-exempt purchase(s) indicated above. I understand that I will be required to pay sales or use tax on purchases that do not qualify for an exemption. In addition, I understand that false or erroneous use of this certificate will result in liability for unpaid tax with interest and may result in additional penalties.

Type of entity: Individual Corporation Sole Proprietor Partnership Other (Explain)

Type of Business: For Hire in Interstate Commerce Tax Registration No.: MC-

Name of Buyer: _____ Title: _____

Signature of Buyer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Seller must maintain a copy. Do not send to Department of Revenue.

Each exemption on this form has specific rules (see instructions)

INSTRUCTIONS

Buyers must ensure entitlement to the exemption before using this Certificate. For information regarding exemptions, contact Washington State Department of Revenue Taxpayer Information Center at (360) 705-6705 or 1-800-647-7706 or visit the Department's web site at: dor.wa.gov.

Line 1a applies to the purchase of tangible personal property other than motor vehicles for use outside Washington by a resident of a state, possession, or province of Canada with a sales tax rate of less than three percent (e.g. Oregon, Alaska). Reference: RCW 82.08.0273, WAC 458-20-193 (6) (b) and ETA 3054.2011.

NOTE: Sales of motor vehicles are not covered by this certificate; please refer to RCW 82.08.0264 and WAC 458-20-177 for certificate and exemption information.

Line 1b applies to watercraft purchased by a nonresident for use outside Washington when delivery takes place in Washington. The buyer must provide proof of residency (picture ID) and check the applicable box. By checking the box, the buyer certifies that the vessel will leave Washington State waters within forty-five days. Sellers must examine and document the proof of residency provided by the buyer. **Seller must sign the form.** By signing the form, the seller certifies that the seller has examined and listed the buyer's proof of residency. See WAC 458-20-238 for acceptable proof of residency for corporations, partnerships and limited liability companies. Reference: RCW 82.08.0266, RCW 82.08.02665 and WAC 458-20-238.

Line 2a applies to the purchase of electric vehicle batteries or to labor and services rendered in respect to installing, repairing, altering, or improving electric vehicle batteries. Reference: RCW 82.08.816

Line 2b applies to the purchase of tangible personal property that will become a component of an electric vehicle infrastructure or to labor and services rendered in respect to installing, constructing, repairing, or improving electric vehicle infrastructure. Reference: RCW 82.08.816

Line 3 applies to the purchase of airplanes for use in providing intrastate air transportation by a commuter air carrier and the sale of repair and related services for these airplanes. Commuter air carriers are air carriers holding authority under Title 14, part 298 of the code of federal regulations that carries passengers on at least five round trips per week on at least one route between two or more points. Reference: RCW 82.08.0262 and 82.12.0254.

Line 4a applies to the purchase of motor vehicles, or trailers by a business operating or contracting to operate for the holder of a carrier permit issued by the Interstate Commerce Commission. The exemption also applies to component parts and repairs of such carrier property including labor and services rendered in the course of constructing, repairing, cleaning, altering or improving the same. The buyer must attach a list stating make, model, year, serial number, motor number and ICC permit number. Reference: RCW 82.08.0263 and WAC 458-20-174.

Line 4b applies to the purchase of airplanes, locomotives, railroad cars, or watercraft for use in conducting interstate or foreign commerce by transporting therein or therewith persons or property *for hire*. The exemption also applies to component parts of such carrier property. Reference: RCW 82.08.0262 and WAC 458-20-175.

Trailer Source, Inc. Insurance Requirements

TO		DATE	
CO		FAX #	
FROM	JJ Fox	PHONE #	
RE:			

AUTO LIABILITY -

\$1,000,000.00 COMBINED SINGLE-LIMIT

Trailer Source, Inc. listed as "Additional Insured" on the certificate.

PHYSICAL DAMAGE -

WITH DEDUCTIBLES OF \$1,000.00 or less Trailer Source, Inc, as "Loss Payee" on certificate.

BLANKET COVERAGE -

NO VEHICLE DESCRIPTION NEEDED

SPECIFIED COVERAGE -

VEHICLE DESCRIPTION REQUIRED (SEE BELOW)

TRAILER SOURCE, INC. 14007 131st St E, Orting, WA 98360
 (253) 435-0993 (253) 435-0997 FAX

1) YEAR	
2) YEAR	
3) YEAR	
4) YEAR	
5) YEAR	
1) VIN	
2) VIN	
3) VIN	
4) VIN	
5) VIN	

1) MAKE	
2) MAKE	
3) MAKE	
4) MAKE	
5) MAKE	
1) VALUE	
2) VALUE	
3) VALUE	
4) VALUE	
5) VALUE	

Please fax completed insurance certificate to (253) 435-0997 as soon as possible.
Trailer Source, Inc. will not allow any equipment to be released until a properly completed insurance certificate is received. Or email to
Jenn@trailersource.net or foxjj11@gmail.com

Thank you.
 JJ
 Rental Coordinator

Please send certificate

CREDIT CARD AUTHORIZATION FORM

AUTHORIZATION AGREEMENT

I hereby authorize Trailer Source, Inc. to initiate charges to the credit card account listed above. I also authorize Trailer Source, Inc to make credits to this account in the event that there is a refund or overcharge.

I understand that if I do not have an estimated line of credit with Trailer Source, Inc, my card may be charged for prepayment in the event that another form of payment is not received within 10 days of initial transaction. If I have an established line of credit with Trailer Source, Inc the credit card account listed below will be kept on file and in the event that my account goes beyond Thirty (30) days from the invoice date, the account will be charged for full payment. Should my card be declined, I agree to provide another form of payment. In compliance with Trailer Source, Inc User Agreement, a five percent (5%) processing fee will be added to all charges over Two Hundred Dollars (\$200).

Further, I agree not to hold Trailer Source, Inc responsible for any over the limit fees, any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to any error on the part of my financial institution in posting credits and/or debits.

This agreement shall remain in effect until Trailer Source, Inc receives a written notice of cancellation from me or my financial institution, or until I provide either a new credit card authorization form or I complete a credit application or the application is approved.

VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
NAME ON ACCOUNT:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:			
ACCOUNT NUMBER:			
EXPIRATION DATE:		CID:	

AUTHORIZED SIGNATURE: _____

Title:

Date:

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I authorize Trailer Source, Inc to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits,) as follows:

Checking Account at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Date(s) and/or frequency of debit(s): _____

I understand that this authorization will remain in full force and effect until I notify Trailer Source, Inc in writing, at 14007 131st St E, Orting, WA 98360, that I wish to revoke this authorization. I understand that Trailer Source, Inc requires at least 5 business days prior notice in order to cancel this authorization.

Name _____
(Please Print)

Date _____ Signature _____

The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 14007 131st St E, Orting, WA 98360 that is received at least three (5) days prior to the proposed effective date of the termination of authorization").

Trailer Source, Inc

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TRAILER SOURCE, INC

14007 131st St E
Orting, WA 98360
Tel (253) 435-0993
Fax (253) 435-0997

September 28, 2010

Dear rental customer,

This letter is to re-affirm our policy on trailer repairs.

All maintenance is to be done at our Orting yard. (Unless you are on a net/net contract and you take care of your own maintenance) This includes tires and brakes! Since you and I both know that neither wear out over-night, please call J.J. Fox to schedule an appointment if you feel you need repairs. If you think that you have a special circumstance, you must talk to J.J. or Tandy prior to repairs.

If you are out on the road and your trailer is in need of an emergency repair (i.e. tire blow out), please make sure you inform the vendor of your ICC/MC number so they will not charge you sales tax. Trailer Source, Inc does not and will not pay sales tax for any type of repairs done on any rental trailer.

In the event that you pay sales tax, you will NOT be credited or reimbursed that amount by Trailer Source, Inc.

There will be NO exceptions to the sales tax policy.

Sincerely,



Gina Patterson
Office Manager