

### 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 bottom portion of page 2 of the Buyer's Retail Sales Tax Exemption Certificate.
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.  
SEATTLE  
www.trailersource.net

SALES • LEASING

**JJ Fox**  
Rental Coordinator

14007 131<sup>st</sup> St. E  
Orting, WA 98360  
rentals@trailersource.net

(253) 435-0993  
Cell: (253) 569-6146  
Fax: (253) 435-0997

14007 131

35-0997

# Trailer Source Inc.

Trailer Source, Inc.

14007 131<sup>ST</sup> ST

Orting, WA 98360

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

## CREDIT APPLICATION

Email to:

rentals@trailersource.net

### 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/KC#

### 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? <input type="checkbox"/> yes <input type="checkbox"/> 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:

5. Other:

**Prescription items: You must use the Sales Tax Exemption Certificate for Health Care Providers to claim exemptions for items prescribed for human use and other medical purchases.**

- a. ☐ Waste vegetable oil used to produce biodiesel fuel for personal use.
- b. ☐ Equipment rental and purchase of services for use in motion picture and video production.
- c. ☐ Objects of art or cultural value purchased by an artistic or cultural organization.
- d. ☐ Adaptive automobile equipment purchased by disabled veterans.
- e. ☐ Animal pharmaceuticals purchased by veterinarians. This exemption does not apply to pharmaceuticals for pets. (Describe): \_\_\_\_\_
- f. ☐ Computer hardware, peripherals, software and related installation, used by the aerospace industry.
- g. ☐ Labor, services, and tangible personal property related to the constructing of new buildings, or new parts of buildings, by a manufacturer of commercial airplanes, fuselages, or wings of a commercial airplane, or by a port district, political subdivision, or municipal corporation to be leased to such a manufacturer.
- h. ☐ Computer hardware, peripherals, software and related installation, purchased by publishers and printers.
- i. ☐ City, County, Tribal, or Inter-Tribal Housing Authorities.
- j. ☐ Tangible personal property for use in a noncontiguous state delivered to the usual receiving terminal of the shipper.

Type of Goods Purchased: \_\_\_\_\_

Point of Delivery: \_\_\_\_\_

Carrier/Agent: \_\_\_\_\_

- k. ☐ Gases and chemicals used by a manufacturer or processor for hire in the production of semiconductor materials.
- l. ☐ Hog fuel used to produce electricity, steam, heat, or biofuel.
- m. ☐ Tangible personal property under the weatherization assistance program.
- n. ☐ Trail Grooming Services.
- o. ☐ Honey bees/honey bee feed purchased by an eligible apiarist. Apiarist ID #: \_\_\_\_\_
- p. ☐ Federal credit union purchases.
- q. ☐ Wax, ceramic materials, and labor used to create molds consumed during the process of creating investment castings.
- r. ☐ Sales of ferry vessels to the state or local governmental units, components thereof, and labor and service charges.
- s. ☐ Joint Municipal Utilities Services Authority.
- t. ☐ Paratransit vehicles purchased by paratransit service providers.
- u. ☐ Large/private airplanes purchased by nonresidents.
- v. ☐ Standard financial information purchased by qualifying international investment management companies.
- w. ☐ Material and supplies directly used in the packing of fresh perishable horticultural products by persons who receive, wash, sort, and pack fresh perishable horticultural products for farmers.
- x. ☐ Vessel Deconstruction Services.
- y. **Only** For Delivered Bottled Water ☐ 1. No Source of Potable Water ☐ 2. Prescribed Water  
☐ 3. Purchased with food stamps (SNAP)
- z. ☐ Anaerobic Digesters and Repair Services.

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

Account ID: \_\_\_\_\_

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)*

# BUYERS' RETAIL SALES TAX EXEMPTION CERTIFICATE

Not to be used to make purchases for resale

For sales to tribal members, Indian tribes, tribal enterprises and spouses of tribal members, please use Tax exemption for sales to tribes.

## Type of Certificate

☐ Single Use Certificate

A Single use certificate must be used each time an exempt item is purchased.

☒ Blanket Certificate

Blanket certificates are valid for as long as the buyer and seller have a recurring business relationship. A "recurring business relationship" means at least one sales transaction within a period of twelve months. RCW 82.08.050 (7)(c).

Vendor/Seller Trailer Source Inc		Date	
Street Address 14007 131st St E	City Orting	State WA	Zip Code 98360

I, the undersigned buyer, certify I am making an exempt purchase for the following reason: *(Enter information and/or check applicable box(es))*

### 1. Nonresident:

Place of residence: \_\_\_\_\_

Type of proof of residence accepted (drivers license, fishing license, etc) \_\_\_\_\_, including any identification numbers \_\_\_\_\_, and expiration date \_\_\_\_\_.

- a. ☐ 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.
- b. ☐ Watercraft *(Include make, model and serial number of vessel):* \_\_\_\_\_

☐ Registered or documented with the US Coast Guard or state of principal use and will leave Washington waters within 45 days; **or**

☐ Buyer is a resident of a foreign country. Purchase is for use outside Washington and will leave Washington waters within 45 days.

**Seller's Signature:** \_\_\_\_\_

### 2. Electric Vehicles:

- a. ☐ Batteries for electric vehicles or the purchase of labor and services rendered in respect to installing, repairing, altering, or improving electric vehicle batteries.
- b. ☐ Tangible personal property that will become a component of electric vehicle infrastructure or the purchase of or charge made for labor and services rendered in respect to installing, constructing, repairing, or improving electric vehicle infrastructure.

### 3. Intrastate Air Transport:

- ☐ Airplanes for use in providing intrastate air transportation by a commuter air carrier and the sale of repair and related services for these airplanes.

### 4. Interstate or Foreign Commerce or Commercial Deep Sea Fishing Business:

- a. ☒ Motor vehicles, trailers and component parts thereof used to transport persons or property *for hire* in interstate or foreign commerce.
- b. ☐ Airplanes, locomotives, railroad cars or watercraft and component parts thereof used in transporting persons or property *for hire*.
- c. ☒ Labor and services rendered to construct, repair, clean, alter or improve *for hire* carrier property.
- d. ☐ Items for use connected with private or common carriers engaged in air, rail or water in interstate or foreign commerce. *(Note: Items consumed in the state are subject to use tax.)*
- e. ☐ Fuel to be consumed outside of Washington by a vessel primarily engaged in foreign commerce.  
Vessel Name: \_\_\_\_\_  
Type of Fuel: \_\_\_\_\_ Quantity: \_\_\_\_\_
- f. ☐ Watercraft, component parts, labor and services, and/or diesel fuel used in a qualifying commercial deep sea fishing operation.  
Registered Vessel Name: \_\_\_\_\_ Vessel Number: \_\_\_\_\_
- g. ☐ Purchases of liquefied natural gas (LNG) by private or common waterborne carriers in interstate or foreign commerce. The exemption applies to ninety percent of LNG transported and consumed outside this State by the buyer. (Effective July 1, 2015)

# Trailer Source, Inc. Insurance Requirements

TO	<input type="text"/>	DATE	<input type="text"/>
CO	<input type="text"/>	FAX #	<input type="text"/>
FROM	Gina Patterson	PHONE #	<input type="text"/>
RE:	<input type="text"/>		

## 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. Mailing Address

TRAILER SOURCE, INC.

14007 131st St E

Orting, WA 98360

(253) 435-0993

(253) 435-0997 FAX

1) YEAR	<input type="text"/>
2) YEAR	<input type="text"/>
3) YEAR	<input type="text"/>
4) YEAR	<input type="text"/>
1) VIN	<input type="text"/>
2) VIN	<input type="text"/>
3) VIN	<input type="text"/>
4) VIN	<input type="text"/>

1) MAKE	<input type="text"/>
2) MAKE	<input type="text"/>
3) MAKE	<input type="text"/>
4) MAKE	<input type="text"/>
1) VALUE	<input type="text"/>
2) VALUE	<input type="text"/>
3) VALUE	<input type="text"/>
4) VALUE	<input type="text"/>

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.**

Thank you.

Gina Patterson

Office Manager



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 131<sup>st</sup> 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 131<sup>st</sup> 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 131<sup>st</sup> 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