



**TRINEX CAPITAL a Division of  
TRINEX COMMERCIAL FINANCE, Inc.**

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## EQUIPMENT CONDITION REPORT

Applicant Name _____
Equipment Description _____
Year _____ Manufacturer _____
Serial Number _____ #Hours/Usage _____
Primary Function _____
Model _____ Date of Last Maintenance _____
List Accessories (w/model & Serial #s):          
Overall Condition:          

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature  
Signer has personally inspected the subject equipment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL