



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

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TRAILER CONDITION REPORT

Applicant Name	_____		
VIN#	_____		
Year	Make	Model	_____

Box / Deck	(circle one)
Refrigeration	Y / N
Make	_____
Model	_____
Hours.	_____
Length	_____
Height	_____
Wooden Deck	None / Good / Fair / Poor
Aluminum	None / Good / Fair / Poor
Axles	
Type	Single / Dual / Triple
Weight Capacity	_____

Tires		
Right Front	_____	% Remaining
Right Rear	_____	% Remaining
Left Front	_____	% Remaining
Left Rear	_____	% Remaining
Brakes		
Overall	_____	% Remaining

Print Name

Title Phone Number

Signature
Signer has personally inspected the subject equipment

Date

Agent's Signature
A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL

Date