

**Ingersoll Rand Financial Services**

Dave Webb

2105 Elm Hill Pike, Nashville TN 37210

ifs@irco.com

615-874-7824

877-331-3665 fax

Applicant's Business Information

Company's Legal Name _____
 DBA _____
 Business Street Address _____
 City, State, Zip _____
 Equipment Location *if Different From Above* _____
 City, State, Zip _____
 Corporate Status: ___ C Corp ___ S Corp ___ LLC/LLP ___ Govt/Municipal ___ Proprietor
 Facility ___ New Project ___ Remodel Tax ID # _____
 Business Phone Number _____ Year Business Started _____
 Contact Name & Title _____ Current Ownership Since _____
 Contact Email Address _____

Reference Information

Bank	Account Number & Type	Contact Name	Phone
_____	_____	_____	_____
Finance Co.	Account Number	Contact Name	Phone
_____	_____	_____	_____
Finance Co.	Account Number	Contact Name	Phone
_____	_____	_____	_____

Business Credit Release and Acknowledgement

Applicant hereby authorizes the release of credit information to Ingersoll Rand, or it's designee from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Print Name _____ Title _____
 Signature of Authorized Rep _____ Date _____

Ownership Information

By signing below, I the undersigned Co-Applicant(s) authorize Ingersoll-Rand, its agents, successors, and assigns, to check my credit. Everything I have stated below is true and correct to the best of my knowledge.

Principal's Name _____	Principal's Name _____
Home Street Address _____	Home Street Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Social Security Number _____	Social Security Number _____
Date of Birth _____	Date of Birth _____
Percentage Owned _____	Percentage Owned _____
Signature _____	Signature _____
Title _____	Title _____

Transaction Information

Total Equipment Cost	\$ _____
Down Payment	\$ _____
Amount to be Financed	\$ _____
Desired Lease Term	24 36 48 60
End of Term Option	FMV Balloon \$1 Buyout Loan
Est. Shipment Date	_____
Vendor Name	_____
Vendor Contact	_____
Office Number	_____