

Financing Application

Ingersoll Rand Financial Services
Creating Customers for Life

Vendor to Complete	Vendor				
	Vendor/Seller Name		_____		
	City/State		_____		
	Phone & Fax Number		_____		
	_____		Contact Name _____		
	_____		Contact's Email _____		
	Equipment				
	Manufacturer	Qty	Model Name & Number	Hard Equipment Cost	\$
	_____	_____	_____	Freight/Install/Start-Up	+\$
	Manufacturer	Qty	Model Name & Number	Down Payment	-\$
_____	_____	_____	Other	+\$	
_____	_____	_____	Amount to Finance	=\$	
Est. Install Date	_____			_____	

Customer to Complete	Applicant's Business Information			
	Company's Legal Name _____			
	DBA _____			
	Business Street Address _____			
	City, State, Zip _____			
	Equipment Location		<i>If Different Than Above</i>	
	City, State, Zip _____			
	Business Phone Number _____			
	Business Fax Number _____		Corporate Status C-Corp S-Corp Partner/LLP Proprietor	
	Contact Name _____		Year Business Started _____	
	Contact Email _____		Current Ownership Since _____	
	Tax Exempt Yes No		Bankruptcy Filed? Yes No	
	Bank Reference	Account Number & Account Type	Contact Name	Phone
	Trade Reference	Account Number	Contact Name	Phone
	<small>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.</small>			
Print Name _____		Title _____		
Signature of Authorized Rep _____		Date _____		
Ownership				
<small>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.</small>				
Principal's Name _____		Principal's Name _____		
Home Street Address _____		Home Street Address _____		
City, State, Zip _____		City, State, Zip _____		
Date of Birth _____		Date of Birth _____		
Social Security Number _____		Social Security Number _____		
Percentage Owned _____		Percentage Owned _____		
Signature _____		Signature _____		
Transaction Details				
Advance Payments	0 1 2 Other _____	Promotional Plan _____		
Purchase Option	\$1 Buyout FMV Balloon Option	Notes _____		
Term Requested	12 24 36 48 60	_____		
<small>Documentation Fee and UCC Filing Fee (if applicable) will be charged on the customer's first monthly payment invoice.</small>				

For transactions under \$50k fax to 800-600-7192. Over \$50k fax to 866-314-9638.
Questions? Call 704-655-4809 or Email Lori_Fike@irco.com