



**Ingersoll Rand Financial Services**  
 Dave Webb  
 2105 Elm Hill Pike, Nashville TN 37210  
[irfs@irco.com](mailto:irfs@irco.com)  
 800-724-6026  
 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 (Please also attach a copy of your quote)**

Total Equipment Cost	\$ _____
Down Payment	\$ _____
Amount to be Financed	\$ _____
Desired Lease Term	24                      36                      48                      60
Est. Install Date	_____
Vendor Name	_____
Vendor Contact	_____
Vendor Contact Phone	_____
Ingersoll Rand Rep. Phone	_____
Ingersoll Rand Rep. Phone	_____