



TRANE[®]

LEASING SERVICES

DEALER/CONTRACTOR PROFILE FORM

Please tell us a little about your company so that we can provide details on services that will help you grow.

COMPANY INFORMATION

Company Name:

DBA if appropriate:

Main Address:

City, State, Zip

Federal Tax Id #:

Owner:

Owner:

Phone: ()

Fax: ()

E-mail Address:

Business Started:

Yrs under current ownership:

of Employees:

Sales Manager:

Authorized Contractor/Dealer For:

Name of the Distributing Office or Distributor that you purchase your equipment from?

What is your sales % of the following?

Residential – New Install ____% Replacement ____%

Commercial – New Install ____% Replacement ____%

Annual Sales: \$

Do you currently offer Leasing?

If so, with whom?

Vendor/Contractor: _____ Telephone: _____ Contact: _____

LEGAL BUSINESS NAME: _____ Contact Name: _____

Type of Business: C-Corp S-Corp Sole Proprietor Partnership Ltd Partnership LLC

Business Address _____ City, State, Zip: _____

DBA: (doing business as) _____ Business Description: _____

Phone Number: _____ Fax Number: _____ E-mail address: _____

Federal Tax ID: _____ State of Incorporation: _____ Years in business: (Current Ownership) _____

Equipment Location Address: _____ City: _____ St: _____ Zip: _____
 (If different from business address)

PERSONAL INFO ON OFFICERS, PARTNERS AND GUARANTORS

Officer 1: _____ Title: _____ Owner %: _____ SSN: _____

Home Address: _____ City: _____ St: _____ Tel: _____

Officer 2: _____ Title: _____ Owner %: _____ SSN: _____

Home Address: _____ City: _____ St: _____ Tel: _____

Officer 3: _____ Title: _____ Owner %: _____ SSN: _____

Home Address: _____ City: _____ St: _____ Tel: _____

BANK AND PRIOR LEASE REFERENCES

Bank Name: _____ A/C # _____ Year Account Opened: _____

Type of Account: _____ Contact: _____ Phone: _____ Fax: _____

Bank Name: _____ A/C # _____ Year Account Opened: _____

Type of Account: _____ Contact: _____ Phone: _____ Fax: _____

Lease History 1: _____ A/C #: _____ Tel: _____

Lease History 2: _____ A/C #: _____ Tel: _____

LANDLORD OR MORTGAGE INFORMATION

Landlord: _____ Contact: _____ Tel: _____

Mortgage Holder: _____ Contact: _____ Tel: _____

Account Number: _____ Year Mortgage Opened: _____

EQUIPMENT DETAILS

Cost: \$ _____ (Do not include sales tax). Please provide a copy of the equipment/work proposal

Term Requested

2 years 3 years 4 years 5 years 6 years Other

I certify the information provided herein is correct, that I am empowered to authorize Trane Leasing Services and/or assigns to make whatever inquiries about us deemed necessary to evaluate our credit application, including contacting banks, trade references and reporting agencies, and that individuals herein named are aware of this request. Should application be declined, I understand that I am entitled to receive written confirmation of the reason why within 30 days of the receipt of my written request.

Owner: _____ Date: _____

Owner: _____ Date: _____

Owner: _____ Date: _____