

Financing Application

1. Vendor Information			
Vendor/Seller Name	Air Centers of Florida		
City/State	Tampa, FL	Contact Name	Susan Wentzel
Phone & Fax Number	(p) 813-621-9671 x100 (f) 813-621-6980	Email	s.wentzel@acfpower.com
2. Equipment Information			
Manufacturer	Model Name & Number		Price
Manufacturer	Model Name & Number		Price
Est. Install Date			
3. Transaction Information			
Advance Payments	0 1 2 Other _____	Hard Equipment Cost	\$ _____
Purchase Option	\$1 Buyout Fair Market Value Balloon	Freight/Install/Soft	+ \$ _____
Term Requested	12 24 36 48 60	Down Payment	- \$ _____
Promotional Plan		Other	\$ _____
Vendor LOC	771656	Amount to Finance	= \$ _____
<i>Documentation Fee and UCC Filing Fee (if applicable) will be charged on the customer's first monthly payment invoice.</i>			

4. Applicant's Business Information			
Company's Legal Name _____			
DBA _____			
Business Street Address _____			
City, State, Zip _____			
Equipment Location _____			
City, State, Zip _____			
Business Phone Number _____			
Business Fax Number _____		Corporate Status	C-Corp S-Corp Sole Prop Partnership LLC/LLP Govt
Contact Name _____		Year Business Started	_____
Contact Email _____		Current Ownership Since	_____
Tax Exempt	Yes No	Bankruptcy Filed?	Yes No
Bank Reference	Account Number & Type	Contact Name	Phone
Trade Reference	Account Number	Contact Name	Phone
<small>Applicant hereby authorizes the release of credit information to Ingersoll-Rand, or its 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 _____	

5. Ownership Information			
<small>Applicant hereby authorizes the release of credit information to Ingersoll-Rand, or its 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	