



Credit Application

Fax: 800-543-2499
Phone: 800-543-7516

Dealer Name	Location: City/State
Contact:	PH#:
	Fax:

Italicized sections are required for credit review

Legal Name:		Date of Birth (Individuals)		DBA:	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Sub S <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ Tax Exempt Number _____					
State-issued Organization# (not tax id#)			State of Organization or state of legal residence for individuals:		
SOC SEC #	TAX ID #	Type of Bus.	Yrs in Bus.	E-Mail address	
Primary Legal/CEO Address: Street		City	County	State	Zip
Physical Equipment Location: Street		City	County	State	Zip
Billing Address: Street (if different from above)		City	County	State	Zip
Phone #	Fax #	Mobile Phone #	Contact Name		
Owner/Guarantor: Name	Title	Home Address	Home PH#	Social Security #	Date of Birth Ownership %
Owner/Guarantor: Name	Title	Home Address	Home PH#	Social Security #	Date of Birth Ownership %

Have you previously done business with CitiCapital Commercial Corporation? No Yes If yes, Acct # _____

List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH CITICAPITAL

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship. What this means for you: when you open an account or establish a relationship, we will ask for your name, street address, date of birth, and identification number, such as a social security number or taxpayer identification number. For businesses, we will ask for the business name, street address and tax identification number. Federal law requires us to obtain this information. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

The information given is true and complete. CitiCapital Commercial Corporation and its subsidiaries and affiliates (collectively "CitiCapital") and/or Ingersoll-Rand Company and its subsidiaries and affiliates (collectively "I-R") may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to CitiCapital and I-R credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by CitiCapital and/or I-R, or any person requested to release such information to CitiCapital and/or I-R. A credit report bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristic, or way of living may be requested in connection with this application. Upon Applicant's request, CitiCapital and/or I-R will advise Applicant whether a credit report was requested and if such a report was requested, CitiCapital and/or I-R, as applicable, will inform Applicant of the name and address of the credit reporting agency that furnished the report.

Applicant Signature _____ Title _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

* If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" on Title line. If individual guarantor, show "Individual" on the Title line.

EQUIPMENT

Qty	N/U	Year	Manufacturer/ Model	Serial #	Price	Residual	Payment	Maintenance
Other Detail: Attachments, etc.:								
Trade Detail: Qty:		Year	Manufacturer	Model	Dealer Allowance	Lienholder	Payoff	

CIRCLE ONE: <input type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL PLEASE NOTE SPECIFIC FINANCE PROGRAM OR TYPE OF SALE, LEASE OR RENTAL REQUESTED AND ANY OTHER DETAILS: _____ _____ _____	Terms: # of Months _____ # of Adv. Pmts. _____ Circle Skip Months: J F M A M J J A S O N D Other: _____ _____	Total Sales Price \$ _____ Net Trade - _____ Cash Down - _____ Taxes + _____ Fees + _____ Phys. Dam. Ins. + _____ Finance Amount \$ _____ Total Payment \$ _____
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DO YOU WANT PHYSICAL DAMAGE INSURANCE (retail contracts only) YES Please Circle Deductible \$500 \$1,000 \$2,500