



SEMPLINTERNATIONAL

Auction Finance Solutions

Attn: Loan Officer

Fax: 513-724-1286 or email

media@assetqllc.com

24 Hour Approval

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 _____ Tax exempt (Y/N) If Y provide #:

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

Course name	_____	Total Equipment Cost	\$	_____		
Number of holes	_____	Down Payment	\$	_____		
Public/semi/private?	_____	Amount to be Financed	\$	_____		
# Members	_____	Desired Lease Term	24	36	48	60
# of annual rounds	_____	End of Term Option	FMV	Balloon	\$1 Buyout	Loan
Equipment description	_____	Est. Delivery Date	_____	_____	_____	_____
Replacement or new?	_____	Office Number	_____	_____	_____	_____