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?

Please Fax to (877) 331-3665

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