

## **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:	Ві	siness Started:	
Yrs under current owr	nership:	# of Employees:	
Sales Manager:			
Authorized Contractor	/Dealer For:		,
Name of the Distributi	ng Office or Distributor that yo	ou purchase your equipment from?	>
What is your sales %	of the following? Residential – New Install _ Commercial – New Install _		
Annual Sales: \$			
Do you currently offer	Leasing?		
If so, with whom?			

Email or Fax to Trane Technologies Financial Services

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