

One Exceptional Way Landing, NJ 07850 Phone: 973-584-5400

Fax: 973-927-3420

Rental Dealer Account Profile

Please fill out one form for each location

DBA Company Name:	<u>-</u>	Date:		
Legal Name:		Phone:		
Address:		Fax:		
		County:		
City:		Owner:		
State: Zip Code:		Manager:		
Sales Tax ID:				
Main Account Contact		Accounting Contact		
Name:		Name:		
Email:		Email:		
Phone: Service Email:		Phone:		
		Sales/Rental Email:		
Parts Email:				
Business Information (Please C	Check Box)			
Type of Business:	Individual	Partnership	Corporation	LLC
Type of Rental Location:	Independent	Co-op Sponsored	National	
Main Business Type:	Rental	Retail	Other	
Date Business Established:				
Do you have an account with W	/estern Equipment Financ	e? Western Account Nun	nber:	
Condition of Sale: The undersigned certifies outstanding over 30 days. The undersigned attorney's fee, not to exceed 50% whether tincurred here by the above-mentioned comp	agrees to pay all costs of collection, o the same is collected through suit or	or costs of attempting to collect deli	nquent payments, including a	reasonable
Principal #1 Signature:		Date:		
Principal #2 Signature:		Date:		