



Joel Schuman

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DEALER PROFILE

DEALER

Business Name:

Contact Name:

Address:

Federal Tax ID #:

City:

State:

Zip:

Website Address:

Phone Number:

Fax Number:

Cell Number:

E-mail Address:

Equipment Product:

Price Range:

Years In Business:

ELECTRONIC FUNDS PAYMENT AGREEMENT

Business Name of Deposit Account:

Contact Name:

Bank Name:

Address:

Bank ABA/Routing # (9 digits):

Bank Account #:

Checking Savings

Please attach a copy of a *VOIDED* check from the account payments will be made to:

Please check preferred payment method: Wire ACH

For purposes of obtaining Dealer approval, I (we) certify that all the information in this application is true and correct. I (we) grant permission to Western Equipment Finance, Inc. to verify all information in this application and to provide any information requested by my (our) other creditors. I (we) also grant permission to those creditors to provide all information requested by Western Equipment Finance, Inc. I (we) release and waive all claims against Western Equipment Finance, Inc. and my (our) other creditors for all acts or omissions which occur in verifying the above information.

Business Name

Signature/Title/Date

Signature/Title/Date