



DEALER PROFILE

Joel Schuman

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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:						
Dubinico Namo el Deposit / teccumi.	Comac Name.						
Bank Name:	Address:						
	,						
Bank ABA/Routing # (9 digits): Bank Account #:							
Dank / LE / Vitodaling // (o digito).	K / KOOGUTE //.		☐ Checking ☐ Savings				
Please attach a conv of a VOIDED check from the	the account navments will be ma	ade to:	Oncoking Odvings				
Please attach a copy of a <i>VOIDED</i> check from the account payments will be made to:							
Please check preferred payment method: Wire ACH							
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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							
Dudinoso Namo							
Signature/Title/Date	e/Date Signature/Title/Date						
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E-mail to: Sales@WesternEquipmentFinance.com | Fax to: (800) 215-6799