

## **Cash Account Setup**

Company Name:  Company Address:				
Street	City	State	Zip Code	Country
Remit to address if different	ent from above:			
Street	City	State	Zip Code	Country
Main Shipping Address:				
Street	City	State	Zip Code	Country
Are you tax exempt in any  ☐ Yes. Please attach  ☐ No.		otion certifica	te for any applie	ed state.
Tax ID Number:		or provid	le us your W-9	Form.
Phone Number:				
Mobil Number:				
Contact Person & Title: _				
Email Address:				
Home Page:				

Form can be completed with pdf tools "Fill and Sign" or print, complete and scan.

PLEASE RETURN COMPLETED FORM to:

Wesley Wilson at Wesley.wilson@bauer-equipment.com

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