



HONEYWELL GENERATORS SALES DEALER ACCOUNT INFORMATION SHEET

Please Complete and Submit to:

Fax: 262-472-6505

or

NEW SALES DEALER E-Mail <u>katie.rye@generac.com</u>

COMPANY INFORMAT	ION:		
Legal Name:			
DBA Name If Applicable:			
Address:			
City:			code: Country:
Telephone:	Fax:	Website:	
K 0 1 15		Phone:	E-Mail:
Tax ID Number or FEIN:			
Check ONE only: ☐ Use my COMF	PANY INFORMATION above	☐ Use information provided be	d on honeywellgenerators.com and phone system) elow □ Do not share my information
Company Name:		Phone (1 only):	Fax (1 only):
Address:			
City:	State/Province:	Zip/Postal Code:	Country:
E-mail (1 only):	Website Address (1 only):		
Sales Dealer. My Honeywell Ge	enerator purchases will be m	nade through my preferred o	dealer locator as a Honeywell Generators distributor. *I further understand that Proof loneywell Generators Dealer Locator listing
Signature:		Title:	Date:
DISTRIBUTOR INFORMATION DISTRIBUTOR Name:	MATION:		Distributor Number:
Address:	City/State:		
Approved by:		Title:	Date:
Distributor Signature	:		
For Internal Use Only:			
Market Code: 25 68 69		Price Book Code: O3	
Customer Class: 46		Price Book ID: HNYWL	
Management Approval / Date:			
Entered by:		Date:	