



CUSTOMER PROFILE

1555 Atlantic Drive, West Chicago, IL 60185 Phone: (630)665-5600 Fax: (630)665-6484
1550 W. Northfield Drive, Brownsburg, IN 46112 Phone: (317)852-9400 Fax: (317)852-9600
4418 Merchant Road, Fort Wayne, IN 46818 Phone: (260)484-0667 Fax: (260)484-7257
2400 Tower Drive, Kaukauna, WI 54130 Phone: (920)766-2300 Fax: (920)766-2400
1305 Sentry Drive, Waukesha, WI 53186 Phone: (262)547-7737 Fax: (262)547-6429

** Please check appropriate company and location boxes above **

All customers need to have a **Certificate of Insurance** with Ditch Witch Midwest listed as the certificate holder and as "Additional Insured" or "Loss Payee" before renting any equipment. Certificate must include General Liability, Excess Liability, Workers Compensation & Employers Liability.

Full Legal Business Name: _____ SIC Code: _____ FED. ID No.: _____

Address: _____

Ship to: _____

Telephone: _____ Fax: _____ Cell: _____ PO Used? Yes No

Business Organization: Individual Partnership Corporation LLC State of _____ Tax Exempt/Resale # _____

Date Business Started: _____ Type of business: _____

Website: _____ Business Email Address: _____

Who is the key financial decision maker? Name: _____ Title _____ Phone _____

OWNERS/PRINCIPALS

Name(s) Principal(s)	Title	Social Security #	Home Address	Phone #/Cell #	% Owner
1. _____					
2. _____					
3. _____					

INSURANCE

Name of Agency Contact Name Phone Fax

CONTACT INFORMATION

Name(s)/Title	Address	Phone #/Cell #
1. _____		
2. _____		
3. _____		

Date Signature Print Name Title



Phone: (630) 665-5600

**** Please check appropriate location box that is processing the transaction ****

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I, _____, of _____ certify that I am the authorized holder and signer of the credit card referenced below. I certify that all information is complete and accurate. I hereby authorize collection of payment to Ditch Witch Midwest for all sales, rentals, parts and services rendered against the credit card listed below including appropriate tax and freight charges. I authorize \$_____ to be automatically charged to my card every _____ beginning _____ and ending _____.

Credit Card Billing Information:	
Company Name:	
Card Holder Name/Position:	
Billing Address:	
Billing Phone Number:	
Credit Card Type: (Circle One) VISA Mastercard	CVV Code: (3 digit security code on card)
Credit Card Number:	Exp. Date:
Driver's License Number:	
Shipping Address:	

Please attach a copy of the front and back of signed credit card & driver's license.

Printed Name

Date

Signature