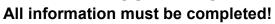
GLOBAL SAP NEW ACCOUNT INFORMATION SHEET



GENERAC^{*}

	NG INFORMATION:		
Company Name:			
DBA Name/Store #	(if applicable):		
Bill to Address:			
City:	State/Province:	Zip/Postal Code:	Country:
Contact Person (fo	r billing questions):		
Telephone:	Fax:	E-mail:	
	ensure electronic invoices are sent a	t have the ability to receive electroni to the appropriate contact.	c invoices. Please provide your
This is an free)	exempt account (exemption certific	ates required for each ship-to state y	your company expects to be tax
Sales tax will a provided for th *Generac has	axable account automatically be charged in any ship-to state when and particular ship-to state in advance of sale. an obligation to collect tax in Canada if we are the RMATION: (All orders will be shipped to the		s a Reseller's Exemption Certificate is
Check one: S	Same as BILLING INFORMATION	Use information provided below:	
Company Ship To	Name:		
Address:			
City:	State/Province:	State/Province: Zip/Postal Code:	
Contact Name:		Telephone:	
	RDER CONTACT INFORMATION	(If applicable)	
Freight Forwarder I			
Freight Forwarder I		Zip/Postal Code:	Country:
Freight Forwarder I Address:	Name:		Country:
Freight Forwarder I Address: City: Contact Name:	Name: State/Province: Telephone:	Zip/Postal Code: E-mail:	,
Freight Forwarder I Address: City: Contact Name: KEY CONTACT II	Name: State/Province: Telephone: NFORMATION: (To add additional cor	Zip/Postal Code: E-mail: ntacts call your Generac Inside Sales Repre- nunications via e-mail.	,
Freight Forwarder I Address: City: Contact Name: KEY CONTACT II All customers must h Name: Phone:	Name: State/Province: Telephone: NFORMATION: (To add additional cor	Zip/Postal Code: E-mail: ntacts call your Generac Inside Sales Repre- nunications via e-mail. Title: Fax:	sentative at (262) 544-4811)
Freight Forwarder I Address: City: Contact Name: KEY CONTACT II All customers must h Name:	Name: State/Province: Telephone: NFORMATION: (To add additional cor	Zip/Postal Code: E-mail: ntacts call your Generac Inside Sales Repre- nunications via e-mail. Title: Fax: Cell Phone/Alternate Phon	sentative at (262) 544-4811) e #
Freight Forwarder I Address: City: Contact Name: KEY CONTACT II All customers must h Name: Phone: E-Mail: Submitted by:	Name: State/Province: Telephone: NFORMATION: (To add additional cor nave the ability to receive Generac comm	Zip/Postal Code: E-mail: ntacts call your Generac Inside Sales Repre- nunications via e-mail. Title: Fax: Cell Phone/Alternate Phon	sentative at (262) 544-4811) e #
Freight Forwarder I Address: City: Contact Name: KEY CONTACT II All customers must h Name: Phone: E-Mail: Submitted by: For Internal Use Only	Name: State/Province: Telephone: NFORMATION: (To add additional cor nave the ability to receive Generac comm	Zip/Postal Code: E-mail: tacts call your Generac Inside Sales Repre- nunications via e-mail. Title: Fax: Cell Phone/Alternate Phon _ Title:	sentative at (262) 544-4811) e #

Freight (circle one): Free	Prepaid	Delivery Priority:	Buying Group (if applicable):	Cust. Group 2:	Cust. Group 3:	Trade Disc:
Submitted by:						
Management Approva	I/Date:					