

Westendorf Manufacturing Company, Inc.
DEALERSHIP INFORMATION UPDATE FORM

Highway 175 West • PO Box 29 • Onawa, IA 51040 Phone: (712) 423-2762 Fax: (712) 423-1460

MAIN DEALERSHIP CONTACT INFORMATION

| | | |
|---|--------|--------------------------|
| Dealership Name: | | |
| PO Box: | | Physical Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | Email: |
| Main Product Lines: | | |
| Owner/Owners: | | Sales/Office Mgr: |
| Owner Email: | | Sales/Office Mgr Email*: |
| <small>* Primary Email is where information such as new fit notifications, newsletters, digital invoicing and future promotions will be sent. Westendorf Mfg. does NOT sell market or distribute contact information to outside sources. It is for internal use only.</small> | | |

BRANCH OR AFFILIATE LOCATIONS

| | | |
|----------------|--------|-------------------|
| 1) Dealership: | | |
| PO Box: | | Physical Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| 2) Dealership: | | |
| PO Box: | | Physical Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| 3) Dealership: | | |
| PO Box: | | Physical Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |

If you have more than 3 locations, make additional copies of this form or attach a second sheet for additional locations.

SIGN UP NOW FOR ELECTRONIC INVOICES & STATEMENTS

| | |
|--|--|
| <input type="checkbox"/> Yes, I would like to receive invoices via fax Fax: () _____ | <input type="checkbox"/> Yes, I would like to receive invoices via email Email: _____ |
|--|--|

ADDITIONAL REQUESTS OR COMMENTS

SALES MANUAL REQUEST

ALL-PRODUCT CATALOG REQUEST

DEALER WEBSITE

| | | |
|--|---|--|
| <input type="checkbox"/> Please send _____ copies of the 2008-9 Sales Manuals to the main dealership location above. <input type="checkbox"/> Please send _____ copy/copies of the 2008-9 Sales Manual to each branch or affiliate location listed above. | <input type="checkbox"/> Please send a bundle of Catalogs to the main dealership location above. <input type="checkbox"/> Send a Catalog bundle to each branch or affiliate location listed above. <input type="checkbox"/> Please send a case (100) Catalogs to the main location, we will distribute to our branch locations. | <input type="checkbox"/> Please contact me with dealer website login information. Email Address Required: _____ _____ |
|--|---|--|

Complete this form and fax to Westendorf Manufacturing at 1-712-423-1460
 or fill out the digital Dealership Update form online at www.loaders.com