



Application for Wyoming Machinery Company CASH (COD) Account

Please attach a copy of your photo ID, or a notarized Affidavit of Identification to this application.

Serving Wyoming through Casper, Cheyenne, Gillette, & Rock Springs

Salesman: _____

General Information:

Applicant Name: _____ Trade Name (dba): _____ Federal ID: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____ Business Phone: _____

Cell Phone: _____ Fax: _____ Email: _____

Description of Business: _____ Business Start Date: _____ Sole Proprietorship Corporation LLC

Account will be used for: CASH (COD) ONLY Website: _____

Signature of Owner/Principal or Authorized Officer/Partner

Notice: Applicant warrants that the information provided herein or in connection with this application is true and correct. Applicant's signature warrants the ability and willingness to pay for any and all invoices at the time of sale with cash, check, or credit card prior to taking possession of parts and/or equipment.

BY: _____ Title: _____ Date: _____