



**2018 VOLUME
PURCHASE
FLEET PROGRAM**

Commercial Registration Form

This form must be completed by any purchaser who wishes to qualify for the volume purchase Fleet Program. Form must be filled out at the time of the first unit purchase.

_____ wishes to qualify for ECHO/Shindaiwa's Volume
CUSTOMER'S BUSINESS NAME Purchase Fleet Program.

_____ I am purchasing a min. retail value of \$2,500 of ECHO/Shindaiwa units on my first purchase in order to qualify for TIER 1 PRICING.

_____ I am purchasing a min. retail value of \$5,000 of ECHO/Shindaiwa units on my first purchase in order to qualify for TIER 2 PRICING.

I understand that all re-orders of ECHO/Shindaiwa units within program dates will receive Fleet Program Pricing.

I understand that I must re-qualify for this program in 2019 under the guidelines, which will be determined in 2019. Pricing is subject to change in 2019.

Please attach copy of sales receipt for each unit purchased.

Accepted by:

Customer Authorized Signature

Dealer Authorized Signature

Date of original purchase

Ed Meadows, TOP Equipment

Please complete the attached form and send to TOP Equipment with in 60 days.



Attention: Fleet Rebate

Customer Name

Authorized Signature

Address: Street or P.O. Box

Date of Original Purchase

City, State, Zip

Customer Email

Phone number

Model	Serial #	Model	Serial #