

Weil-McLain Warranty System User Profile Request Form

<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>Telephone #</u>	
<u>DISTRIBUTOR NAME</u>		<u>Distributor Number (5 digit Weil-McLain Account Number)</u>			
<u>EMAIL ADDRESS</u>		<u>USER ID</u>			
<u>CITY</u>		<u>STATE</u>		<u>ZIP</u>	
<u>SALES REGION</u>		<u>ADDITIONAL COMMENTS</u>			

Please complete the User Profile Request Form and Email to WM.W@Weil-McLain.com