



Application for a

Wacker Neuson Group EquipCare Account

(This page is to be completed by the DISTRIBUTOR)

To: Wacker Neuson SE	DISTRIBUTOR:			
for the attention of the DISTRIBUTOR with the request to forward it	Enter the name/company and address as well as any EquipCare account no.			
•				
CUSTOMER Enter the name/company and address as well as any EquipCare account no. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. This request is applicable to all (short-term) purchase orders and purchases of machines equipped with EquipCare modules. This application applies to the machine or module numbers named in the enclosed Annex. alternatively:				
	e machine or module numbers colly as part of my following purcha			
DISTRIBUTOR separately as part of my following purchase order: (Order no.)				
Confirmation of the DISTRIBUTOR: This form has been duly completed by us after consultation with the CUSTOMER regarding EquipCare. We				
Place, date, name of DISTRIBUTOR, signature:				





□ YES, I would like to use EquipCare telematics features I already have an EquipCare account (If known, please enter account no. on the form, page 1 in the CUSTOMER data box) I do not have an EquipCare account yet and am applying for this with the contact data stated above. I hereby authorize my aforementioned DISTRIBUTOR to create the account in the EquipCare system on my behalf and to communicate my application to the Wacker Neuson Group in a suitable form. (Please note: The Wacker Neuson Group reserves the right to contact you if you already have an existing EquipCare account.) Confirmation: My DISTRIBUTOR provided me with the applicable EquipCare Terms and Conditions and the Data Processing Agreement of Wacker Neuson SE (also available at www.wackerneuson.com/equipcare-downloads). With my signature, I agree to the applicability of the EquipCare Terms and Conditions and the conclusion of the Data Processing Agreement with Wacker Neuson SE. Place, date, name of CUSTOMER, signature: When creating a new EquipCare account, this application is accepted by sending the login data for my EquipCare account to the aforementioned contact data. If there is an existing EquipCare account, the application is considered accepted for all of the machines I specified in connection with this application, provided the modules have been electronically added to my EquipCare account in the EquipCare web portal (EquipCare Manager) by Wacker Neuson Group/ my DISTRIBUTOR. Unless I specifically notify my above mentioned DISTRIBUTOR otherwise, DISTIRBUTOR is hereby instructed and authorized to add all of my future machines or modules to my EquipCare account as well. Place, date, name of CUSTOMER, signature:





), I do not like to use any telematics features.
-	norize Wacker Neuson SE to permanently deactivate <u>all</u> telematics modules in the machine ntioned by me in this application, so that no more data will be transmitted from them.
	<u>orize</u> my aforementioned DISTRIBUTOR to perform the deactivation on my behalf in the EquipCar notify Wacker Neuson SE in an appropriate manner
Option	nally, please tick only if applicable:
	Unless and to the extent I do not inform my DISTRIBUTOR mentioned above in case of future orders of machines equipped with EquipCare modules, DISTRIBUTOR is hereby instructed and authorized to deactivate all my future machines or their modules as well. hat this deactivation of modules cannot be reversed. The subsequent use of EquipCare with the magnetic machines therefore requires not fitting with a powerful process.
module at a	ervices with the respective machines therefore requires retrofitting with a new telematic charge.
I am aware the machine.	nat the permanent deactivation of the telematics module may reduce the resale value of m
Place, date,	name of CUSTOMER, signature:





ANNEX - Module numbers

Machine serial number	Optional: Module number	Brand / model of machine (e.g.: "Wacker Neuson EZ 53")
		(c.g.: Wacker Neuson LZ 00)

(Notice to our DISTRIBUTORS: This form is intended to serve as a <u>non-binding</u> example for you how to agree on your <u>own</u> EquipCare Services, e.g. WeCare with the CUSTOMER)

ANNEX - Purchase Order EquipCare Services

То:	From:			
DISTRIBUTOR: Enter the name/company and address	CUSTOMER: Enter the name/company and address			
I <u>hereby order</u> the following EquipCare Services offered by my DISTRIBUTOR.				
The details and components of these EquipCare Services are known to me from the separate product and pricing information provided by my DISTRIBUTOR.				
I am aware that the prerequisite for using the EquipC EquipCare account that, which can be applied for se Munich, Germany, if it does not already exist.	are Services is always an active Wacker Neuson Group parately via my DISTRIBUTOR at Wacker Neuson SE,			
(Desired EquipCare services – according to avail	ability from your DISTRIBUTOR:)			
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•				
With regard to the EquipCare Services ordered here, the following additional contractual conditions shall apply (to be entered by the DISTRIBUTOR on request)				
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•				
Place, date, name of CUSTOMER, signature:				