



# SUPPLIER ACCOUNT SETUP

Fax back to: 425-222-0556

NEW ACCOUNT   
CHANGE EXISTING ACCOUNT

Date: \_\_\_\_\_

\*\*Account Name: \_\_\_\_\_

\*\*TAX ID #:  
(SSN for indep. contractors) \_\_\_\_\_

\*\*Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_

\*\*Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 same as mail address  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Fax: \_\_\_\_\_

Mobile / Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## ACCOUNT PAYMENT OPTIONS

I will pay with cash or check at time of delivery

(One time only ...Not applicable for recurring container hauling accounts)

Please establish a credit account for our business. Your signature upon this application constitutes your agreement to pay all applicable fees pursuant to load tickets for loads received by Rainier Wood Recyclers or other authorized transactions. You agree to pay all invoices within terms specified on the invoice or no later than 30 days from date of receipt. This application is subject to credit approval by Rainier Wood Recyclers.

	Business Name	Contact Name	Phone and fax numbers
Credit Reference 1:	_____		
Credit Reference 2:	_____		
Credit Reference 3:	_____		

I wish to pay by credit card according to agreed rates listed below

(One time only. Not applicable for recurring container hauling accounts)

Name on the Credit Card: \_\_\_\_\_

VISA

Card Number: \_\_\_\_\_

MASTERCARD

Exp. Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

\*\* Indicates  
Required  
Information

\*\*Signature: \_\_\_\_\_

\*\*Print Name: \_\_\_\_\_