



Thank you for choosing Tree Top, Inc. We look forward to working with you. To accurately set up your account, please fill out the attached forms and return them to [customerservice@treetop.com](mailto:customerservice@treetop.com), or directly to the customer service representative handling your account. These documents include:

- New Customer Set Up Form
- Credit Application Form

For easy reference we have also included W-9 Form and banking payment information.

If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Tree Top, Inc.

## CUSTOMER SET UP FORM

**BILL TO** .....

**New Customer**       **Change Existing**

Duns Number \_\_\_\_\_

Customer \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address for invoices \_\_\_\_\_

AP Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**SHIP TO** .....

**New Customer**       **Change Existing**

Duns Number \_\_\_\_\_

Customer \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Delivery Phone \_\_\_\_\_

Chep Pallet Account Number, if applicable: \_\_\_\_\_

***Our regulatory program requires we obtain 24-hour contact information for all of our customers. Please provide your company's information below.***

24-Hour Contact Name \_\_\_\_\_

24-Hour Phone \_\_\_\_\_

24-Hour Email \_\_\_\_\_

Date \_\_\_\_\_ Requested by \_\_\_\_\_ Ext \_\_\_\_\_

Date \_\_\_\_\_ Input by \_\_\_\_\_ Ext \_\_\_\_\_



| CREDIT APPLICATION   |                   |  |     |       |
|----------------------|-------------------|--|-----|-------|
| Date:                |                   | Credit Limit Requested:  |     |       |
| CONTACT INFORMATION  |                   |  |     |       |
| Legal Name:          |                   | Telephone #:   |     |       |
| Trade Name:          |                   | Fax #:   |     |       |
| Street Address:      |                   | Web URL:   |     |       |
| Mailing Address:     |                   | A/P Contact:   |     |       |
| City, State, Zip:    |                   | E-mail Address:  |     |       |
| BUSINESS INFORMATION |                   |  |     |       |
| Business Start Date: |                   | Legal Status: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other |     |       |
| Federal Tax ID #:    |                   | State of incorporation:  |     |       |
| PACA License #:      |                   | Duns #:  |     |       |
| Officers or Partners |                   |  |     |       |
| Full Name            | Residence Address | City   | SSN | Title |
|                      |                   |  |     |       |
|                      |                   |  |     |       |
|                      |                   |  |     |       |
| Parent Co. Name:     |                   | Address:   |     |       |
| BANK REFERENCE       |                   |  |     |       |
| Bank Name:           |                   | Bank Officer:  |     |       |
| Address:             |                   | Phone #:   |     |       |
| City, State, Zip:    |                   | Fax #:   |     |       |
| Checking #:          | Savings #:        | Loan #:  |     |       |
| TRADE REFERENCES     |                   |  |     |       |
| Vendor Name:         |                   | Phone #:   |     |       |
| Address:             |                   | Fax #:   |     |       |
| City, State, Zip:    |                   | E-mail:  |     |       |
| Vendor Name:         |                   | Phone #:   |     |       |
| Address:             |                   | Fax #:   |     |       |
| City, State, Zip:    |                   | E-mail:  |     |       |
| Vendor Name:         |                   | Phone #:   |     |       |
| Address:             |                   | Fax #:   |     |       |
| City, State, Zip:    |                   | E-mail:  |     |       |
| Vendor Name:         |                   | Phone #:   |     |       |
| Address:             |                   | Fax #:   |     |       |
| City, State, Zip:    |                   | E-mail:  |     |       |

Applicant is providing this information for the express purpose of obtaining credit and is warranting the information to be true and correct. Applicant understands that Tree Top, Inc. intends to rely on all of the information presented in this application in determining its creditworthiness. Applicant authorizes Tree Top, Inc. to contact all trade and bank references identified on this credit application, as well as credit reporting agencies, in order to make a decision about extending credit. If a credit limit is granted, Applicant agrees to make payments to Tree Top, Inc. according to the payment terms that appear on each invoice. Tree Top, Inc. may increase, decrease, or terminate any credit limit at any time within its sole discretion. Applicant agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts given under this extension of credit. Applicant agrees that any sales that result from an extension of credit by Tree Top, Inc. shall be construed under the laws of the state of Washington and any lawsuits resulting from this extension of credit shall be commenced in Yakima County in the state of Washington. Applicant submits to the jurisdiction of any state or federal court sitting in Yakima County, Washington, in any action or proceeding brought to enforce this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

|   |   |   |
|---|---|---|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)<br><b>TREE TOP INC.</b>   |   |
|   | Business name/disregarded entity name, if different from above  |   |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |
|   | <input type="checkbox"/> Exempt payee   |   |
|   | Address (number, street, and apt. or suite no.)<br><b>P O BOX 248</b>   | Requester's name and address (optional) |
| City, state, and ZIP code<br><b>SELAH, WA 98942</b>   |   |   |
| List account number(s) here (optional)                |   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 9                              | 1 | - | 0 | 7 | 2 | 0 | 2 | 8 | 0 |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |  |                        |
|------------------|--|------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Maria Segula</i> | Date ▶ <i>1/8/2013</i> |
|------------------|--|------------------------|

*MARIA SEGULA  
ACCOUNTANT, AUDIT TAX  
TREE TOP, INC*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Following is our bank and account information for payment of invoices

**Wire Transfers**

Pay to account of Tree Top, Inc.  
c/o Bank of America  
Wire Transfer Services  
800 Fifth Avenue Plaza, Floor 20  
Seattle WA 98124

ABA (Routing) # 026009593  
Account# 63776900  
Swift# BOFAUS3N

Bank ACH (Automated Clearing House) Routing Number: 125000024  
Account# 63776900

**Payment by Check**

Tree Top, Inc.  
6115 Paysphere Circle  
Chicago, IL. 60674

**Private courier deliveries (UPS, FedEx)**

Tree Top, Inc.  
220 East Second Ave.  
Selah, WA 98942

**All other correspondence**

Tree Top, Inc.  
P.O. Box 248  
Selah, WA. 98942

Please send notifications and details of remittances to [remittance@treetop.com](mailto:remittance@treetop.com)

If there are any questions regarding payment setup you may reach Don Wilson –Accounting Services Manager at:

Phone (509) 698-1438

Fax (509) 698-1460

Email [don.wilson@treetop.com](mailto:don.wilson@treetop.com)