



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, or directly to the customer service representative handling your account. These documents include:

- New Customer Set Up Form
- Credit Application Form

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