



P.O. Box 267 Vancouver, WA 98666
(503) 224-3206 | Toll Free 1-855-224-3206
www.wastex.com

New Customer Form

Customer Billing Information (Attach W-9):

Bill To Company Legal Name:

Bill to Company DBA (if applicable):

Tax ID (attach copy):

Check One: ☐ Individual/Sole Proprietor ☐ Corporation ☐ LLC

Billing Address:

Contact Name:

Billing Phone:

Billing Email:

Reseller Permit: ☐ Yes (attach copy) ☐ No

Are PO Numbers Required: ☐ Yes ☐ No

Do you wish to pay by Credit Card for a fee of 2.75%: ☐ Yes ☐ No

Generator Information:

Generator Name:

Physical Site Address:

EPA ID #:

NAICS:

Mailing Address (if different):

State ID#:

Generator Size: ☐ VSQG ☐ SQG ☐ LQG ☐ MQG

Site Contact Name:

Phone:

Email:

Emergency Contact Name:

Phone:

Notes & Special Instructions:

Signature of

Authorized Representative: _____ Date: _____

Print Name: _____ Title: _____

Terms – WasteXpress payment terms are **Net 30 days**, unless otherwise specified in a signed contract. **Interest of 1.5% per month**, or the maximum allowed by law, will apply to all past-due balances. **Credit card payments incur a 2.75% service fee.**

By submitting this form, you acknowledge that the information provided is accurate to the best of your knowledge, you have the authority to accept these terms, and you agree to the Terms and Conditions found here: <https://www.wastex.com/terms-and-conditions>.

Office Use Only
WXE Facility: ☐ PDX ☐ PSO
Sales Rep Assigned: _____