



MASONS SUPPLY COMPANY

OREGON WASHINGTON

RENTAL INFORMATION FORM

(REQUIRED FOR "JOB DIRECT" SHIPMENTS FROM VANCOUVER FORM YARD)

CUSTOMER NAME: _____

JOB NAME: _____

JOBSITE ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ORDERED BY: _____

JOBSITE ADDRESS: _____

JOBSITE PHONE: _____

CUSTOMER P.O.: _____

SALESMAN: _____

SALES NUMBER: _____

REQUIRED SHIP DATE: _____

F.O.B.: _____

DIRECTIONS TO JOBSITE (INCLUDE MAP): _____

VIA: _____

IF SHIPPED VIA OUTSIDE CARRIER WHO IS TO BE BILLED?

BILL MASONS' ACCOUNT: _____

BILL SHIPPER: _____

MANAGER APPROVAL REQUIRED: _____

BILL CONTRACTOR AT THE JOBSITE: _____

BILL CONSIGNEE: _____

CONTRACTORS PREFERRED CARRIER: _____

BILL THE CONTRACTORS MAIN OFFICE: _____

3RD PARTY BILLING: _____

MAIN OFFICE CONTACT NAME: _____

MAIN OFFICE PHONE NUMBER: _____

CONTRACTORS PREFERRED CARRIER: _____

**LTL WITH OUTSIDE CARRIERS ARE TO BE ARRANGED THROUGH TARA IN PORTLAND OR DEAN IN WOODINVILLE*