

Mountain Logging, Inc.

# SUBCONTRACTOR

1099 Packet



# MOUNTAIN LOGGING, INC.

*P.O. Box 253 – White Salmon, WA – 98672*

*PH (509) 493 – 3511 : [nickc@mountainlogging.com](mailto:nickc@mountainlogging.com) : FAX (509) 493 – 2041*

## SUBCONTRACTOR REQUIREMENTS:

Please note that all of the following information is required to insure that you are paid correctly and on time. It is also important that we maintain your current and updated information. Please mail, fax, e-mail or bring a copy of the following into the office:

1. W9 – Signed and Dated
2. Current Proof of Insurance

In order to be paid on time we ask that weekly load sheets be submitted to the office the Friday of each week with truck tickets and copy of weight slips. Please mail or bring these in as faxes are not legible.

An additional note, all drivers need to maintain the same level of driving expectations of all other trucks, such as safe courteous driving on company roads. Reflective vests and hard hats are required.

We greatly appreciate your help on this current job.

Thank you,

Mountain Logging, Inc

# SUBCONTRACTOR

Company Information Request

**Company:** \_\_\_\_\_

**Owner/Operator** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

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

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

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*Please make your insurance information available to Mountain Logging, Inc. Please submit a copy via Fax (509) 493 – 2041 or bring a copy into the Mountain Logging Office.*