

ROGUE TRANSFER AND RECYCLING, LLC

CHARGE ACCOUNT APPLICATION

APPLYING FOR AN OPEN ACCOUNT
 APPLYING FOR A JOB SPECIFIC ACCOUNT

BUSINESS NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE + 4
BILLING ADDRESS	EMAIL ADDRESS	
CITY	STATE	ZIP CODE + 4
PRIMARY CONTACT	TELEPHONE NUMBER	FAX NUMBER
ACCT. PAYABLE CONTACT	TELEPHONE NUMBER	FAX NUMBER
BUSINESS TYPE		
SOLE PROPRIETOR <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
LLC <input type="checkbox"/>	GOVERNMENT <input type="checkbox"/>	NON-PROFIT <input type="checkbox"/>

BUSINESS DESCRIPTION		
PRINCIPLE OWNERS, OFFICERS NAME	MUST HAVE SOCIAL SECURITY NO. IF PROPRIETOR OR PARTNERSHIP TITLE	SOCIAL SECURITY NO.
FEDERAL TAXPAYER ID	DATE AND STATE OF INC./FORMED	YEARS IN BUSINESS UNDER PRESENT OWNERSHIP

TRADE REFERENCES		
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.

BANK REFERENCE:		
BANK	ACCOUNT NO.	CITY/BRANCH
CONTACT		TELEPHONE NO.
PURCHASE ORDER REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	JOB DESCRIPTION REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	

FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE WITH ROGUE TRANSFER AND RECYCLING, LLC. I HEREWITH AUTHORIZE THE ABOVE NAMED BANK AND TRADE REFERENCES TO FURNISH THE REQUESTED ACCOUNT/CREDIT INFORMATION.

AUTHORIZED BY: NAME (PLEASE PRINT)	TITLE	SIGNATURE AND DATE SIGNED

FOR OFFICE USE ONLY:		
APPROVED/DECLINED & REASON		CREDIT LIMIT
APPROVED BY SIGNATURE & DATE		CUSTOMER NO.