



P.O. Box 3187
Central Point, OR 97502

Dear Valued Customer,

Thank you for requesting a credit application for Rogue Disposal and Recycling, Inc.

Along with your credit application, please note the type of service that you will require. This can be helpful in our approval process due to varying costs for services available. Also, please note whether this will be a temporary service or an ongoing scheduled service (temporary service would be anything less than one year).

Type of Service needed:

Temporary? _____

If so, how long will service be in use? _____

Credit limit requested: _____

Who is the person we should contact from your company for service set up (If different from name on application)?

Name: _____

Have you been working with one of our representatives that you would like the credit application forwarded to once approved?

Name: _____

Please note credit is only granted to businesses that have been established for 3 or more years.

Thank you,
Customer Service Department

ROGUE DISPOSAL & RECYCLING, INC.

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		
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	MUST HAVE SOCIAL SECURITY NO. IF PROPRIETOR OR PARTNERSHIP	
NAME	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	JOB DESCRIPTION REQUIRED
YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>

FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE WITH ROGUE DISPOSAL & RECYCLING, INC. 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
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FOR OFFICE USE ONLY:		
APPROVED/DECLINED & REASON		CREDIT LIMIT
APPROVED BY SIGNATURE & DATE		CUSTOMER NO.

OFFICE