

# 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

<b>TRADE REFERENCES</b>		
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.
BUSINESS	ACCOUNT NO.	TELEPHONE NO.
ADDRESS		FAX NO.

<b>BANK REFERENCE:</b>		
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

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