## **ROGUE TRANSFER & RECYCLING, LLC**

## CHARGE ACCOUNT APPLICATION

APPLYING FOR AN OPEN ACCOUNT
APPLYING FOR A JOB SPECIFIC ACCOUNT

One West Main, Suite 401 Medford, OR 97501 541-779-4161



BUSINESS NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE + 4
BILLING ADDRESS	I	EMAIL ADDRESS
СІТҮ	STATE	ZIP CODE + 4
PRIMARY CONTACT	TELEPHONE NO.	FAX NO.
ACCT. PAYABLE CONTACT	TELEPHONE NO.	FAX NO.
BUSINESS TYPE		
SOLE PROPRIETOR LLC PARTNERSHIP	GOVERNMENT CORPORATION	N NON-PROFIT
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 NO	YES NO	
FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE V NAMED BANK AND TRADE REFERENCES TO FURNISH T		
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.