



P.O. Box 3187
Central Point, OR 97502

Dear valued customer,

Thank you for requesting a credit application for service with Rogue Disposal & Recycling. When completing this form, please note the type of service you plan to use — since there are different costs for different services, this helps with the application process. Also, please note whether this will be a temporary service (anything less than one year) or an ongoing scheduled service.

Type of Service Requested:

Are You Wanting Temporary Service?

Yes No

If Yes, for How Long? _____

Credit Limit Requested: _____

Who should we contact from your company to arrange service setup?

(If different from the name on the application)

Name: _____

Have you been working with a Rogue Disposal & Recycling representative?

If so, let us know and we'll forward the credit application once confirmed.

Name: _____

Please note that credit is only granted to businesses that have been in operation for three years or more.

For questions, call our Customer Service Department at 541.779.4161.

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