



One West Main • Suite 401
Medford, OR 97501

Dear valued customer,

Thank you for requesting a credit application for Rogue Transfer & Recycling.
Please let us know if you have any questions during the process.

Credit Limit Requested: _____

Who should we contact from your company to arrange account setup?
(If different from the name on the application)

Name: _____

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

If you have questions, call our Customer Service Department at 541.779.4161.

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				EMAIL ADDRESS	
CITY		STATE		ZIP CODE + 4	
PRIMARY CONTACT		TELEPHONE NO.		EMAIL ADDRESS	
ACCT. PAYABLE CONTACT		TELEPHONE NO.		EMAIL ADDRESS	
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					
BUSINESS		ACCOUNT NO.		TELEPHONE NO.	
ADDRESS					
BUSINESS		ACCOUNT NO.		TELEPHONE NO.	
ADDRESS					
BANK REFERENCE					
BANK		ACCOUNT NO.		CITY/BRANCH	
CONTACT					
PURCHASE ORDER REQUIRED		JOB DESCRIPTION REQUIRED			
YES	NO	YES	NO		
FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE WITH ROGUE TRANSFER & RECYCLING, LLC I HEREWITHE 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.	