



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

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



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.                 | 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  |                               | EMAIL ADDRESS                             |
| BUSINESS   | ACCOUNT NO.                   | TELEPHONE NO.                             |
| ADDRESS  |                               | EMAIL ADDRESS                             |
| BUSINESS   | ACCOUNT NO.                   | TELEPHONE NO.                             |
| ADDRESS  |                               | EMAIL ADDRESS                             |
| 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 TRANSFER & 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                 |
| FOR OFFICE USE ONLY:   |                               |   |
| APPROVED/DECLINED & REASON   |                               | CREDIT LIMIT                              |
| APPROVED BY SIGNATURE & DATE   |                               | CUSTOMER NO.                              |