ROGUE COMPOST
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.	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 YES ☐ NO ☐	JOB DESCRIPTION REQUIRED YES ☐ NO ☐	
FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE WITH ROGUE COMPOST 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.