



CREDIT APPLICATION

Valley (503) 472-3176
 Coast (503) 861-0578
 Toll Free (866) 908-1183
 FAX: (503) 474-4813
 Email info@westernoregonwaste.com
 PO Box 509, McMinnville OR 97128

BUSINESS CONTACT INFORMATION

Title: _____
 Company Name: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Registered Company Address: _____
 City: _____ State/Zip: _____
 Date Business Commenced: _____
 Sole Proprietorship: _____ Partnership: _____ Corporation: _____

BUSINESS & CREDIT INFORMATION

Primary Business Address: _____
 City: _____ State/Zip: _____
 How long @ current address: _____ MO _____ YR Oregon CCB License #: _____
 Phone: _____ Fax: _____
 E-mail: _____

BUSINESS/TRADE INFORMATION

Company Name: _____
 Address: _____
 City: _____ State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Type of Account: _____

Company Name: _____
 Address: _____
 City: _____ State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Type of Account: _____

Company Name: _____
 Address: _____
 City: _____ State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Type of Account: _____

AGREEMENT

1. All invoices are to be paid 30 days from the billing date on invoice.
 2. By submitting this application, you authorize Recology Western Oregon to make inquiries into the business/trade references you have supplied.
 Credit Amount Requested: \$ _____ IF NONE REQUESTED, AMOUNT WILL BE \$500

SIGNATURES

Title: _____ Title: _____
 Date: _____ Date: _____

OFFICE USE ONLY Valley Coast