Company Name:       Fax:         Phone:       Fax:         E-mail:       State/Zip:         Registered Company Address:       Corporation:         City:       Partnership:       Corporation:         Sole Proprietorship:       Partnership:       Corporation:         BUSINESS & CREDIT INFORMATION         Primary Business Address:       Coregon CCB License #:         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:       Fax:         Type of Account:       Fax:         Company Name:       Address:         City:       State/Zip:         Phone:       Fax:         E-mail:       State/Zip:         Phone:       Fax:         E-mail:       State/Zip:
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City: State/Zip:   Date Business Commenced: Corporation:   Sole Proprietorship: Partnership: Corporation:   BUSINESS & CREDIT INFORMATION   Primary Business Address: State/Zip:   City: State/Zip:   How long @ current address: MOYR   Oregon CCB License #:   Phone: Fax:   E-mail:   BUSINESS/TRADE INFORMATION   Company Name:   Address:   City:   Phone:   Fax:   E-mail:   Type of Account:   Company Name:   Address:   City:   Phone:   State/Zip:   Phone:   Fax:
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City:       State/Zip:         How long @ current address:       MO YR       Oregon CCB License #:         Phone:       Fax:         E-mail:       BUSINESS/TRADE INFORMATION         Company Name:       Address:         Address:       State/Zip:         Phone:       Fax:         E-mail:       Fax:         Company Name:       Fax:         Address:       Fax:         City:       State/Zip:         Phone:       Fax:         Company Name:       Fax:         Address:       City:         City:       State/Zip:         Phone:       Fax:
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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