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# CREDIT APPLICATION

GRAPHIC SOLUTIONS FOR THE DIGITAL WORLD

**Company Name:** \_\_\_\_\_

**Bill to Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ship to Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Year Established:** \_\_\_\_\_ **Tax ID#:** \_\_\_\_\_

**Accountant Name & Email Address:** \_\_\_\_\_

**\*\*Primary CC#:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CV2:** \_\_\_\_\_

## CREDIT REFERENCES

**Company Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

## BANK REFERENCES

**Bank Name:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**\*\*The credit card number you provide will only be charged on delinquent invoices over 60 days past due.** Please note your application will not be processed without this number. By submitting this number, you give RICHA authorization to charge any past due amounts to this credit card. Receipts of charges are sent to the email address provided only when requested. Please email accounts@richa.com to submit your request. Please verify the credit card number is accurate as applications submitted with an invalid account will be rejected. Once your credit card has expired, you will be contacted by a RICHA representative to update your information. At this time if you choose not to update your credit card number, your account will be closed immediately and no further credit will be extended to your company.\*\*

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