



## **Credit Application**

Company Name			Division	
Billing Address			Shipping Addres	s
Street		Street		
City/State/Zip		City/State/Zip	)	
Phone Fax		Phone	Fax	
Date Business Established	Тур	oe of Business		
President		F	Phone	
Accounts Payable Manager		Phone		
	Trade Re	ferences		
1. Name	_ Address			
City/State/Zip	Phone		Fax	
Acct#	Contact			
2. Name	_ Address			
City/State/Zip	Phone		Fax	
Acct#	Contact			
3. Name	Address			
City/State/Zip				
Acct#	Contact			
	Ba	nk		
Name				
Address ( Street/City/State/Zip )				
Phone	Fax		Tax ID #	
Contact	* Account	- #		Page 1

Credit Line Desired (amount)	Purchase Order Required Yes No				
Credit Card Holder					
* Credit Card	Exp Date				
The above credit card shall guarantee payment of services to RGU Color in the event that payment is not provided in a timely manner.					
I FULLY UNDERSTAND AND AGREE TO THE FOLLOWING LIMITATION OF LIABILITY:					
RGU Color exercises all possible caution in handling our customer's film, originals, and digital files. Submission of any film, print, slide, negative, digital file or other material to RGU Color for processing, printing or handling constitutes an agreement by you that any damage to the material submitted of loss of same, by RGU Color or agents, due to any reason or cause including, but not limited to, our negligence or other fault, fire, flood, storm, theft, or mechanical failure, or by any other cause, will only entitle you to replacement of a like amount of unexposed film or material.					
The acceptance by RGU Color of the film, print, slide, negative, or other material is without other express or implied warranty or liability, and recovery for any incidental or consequential damages is excluded. RGU Color assumes no liability for loss or damage to orders in transit to or from RGU Color.					
Terms are NET 15 DAYS from the date of invoice. Accounts not paid within 30 days of invoice date will be billed to the credit card on file. Repeated late billing may cause the suspension of your account.					
In the event collection action becomes necessary, I agree to pay all collection expenses, attorney's fees and court costs in the resolution of this account.					
APPLICANT'S NAME (Print)	DATE				
APPLICANT'S Signature	TITLE				
* REQUIRED INFORMATION. Credit will NOT be authorized without required information					
FOR OFFICE USE ONLY					
Approved Yes No Credit Amount	\$ Terms				
Approved by:Print Name	Signature				
Special Condition					