



Please fax completed form to 415.495.2542

Please be sure that an officer of your company signs this application. Fill out, print, sign and fax.

Name of Company:		In Business Since:		State of Inc.:	
Billing Address:			City:	State:	Zip:
Physical Address:			City:	State:	Zip:
Phone:	Fax:		Federal Tax ID or SSN:		
Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor					
Customer Type: <input type="checkbox"/> Advertisers/Mkt/Graphics <input type="checkbox"/> Architect <input type="checkbox"/> Automotive <input type="checkbox"/> Engineer <input type="checkbox"/> Financial <input type="checkbox"/> General Contractor <input type="checkbox"/> Government <input type="checkbox"/> Govt Contractor <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Home Builders <input type="checkbox"/> Manufacturer <input type="checkbox"/> Oil/Chemical <input type="checkbox"/> Property/Real Estate <input type="checkbox"/> Retail <input type="checkbox"/> Schools <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale <input type="checkbox"/> Corporate <input type="checkbox"/> Non-profit Org <input type="checkbox"/> Other:					
Contact Name:			Email:		
If Branch or Division, Home Office Address:				Home Office Phone:	
If Branch or Division, Branch Location:				Branch Phone:	
Corporate Officers, Proprietor, or Partners					
Name			Title		
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Resale No. (Include certificate with this application):					
Are Purchase Orders Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimated Monthly Purchases: \$			Credit Limit Requested: \$		
Trade References (Do not list utilities, security service, delivery service or credit card accounts as references) ("*" indicates required fields)					
Company Name*		Fax Number*		Phone Number (optional)	Account Number*
Bank Information					
Bank:				Account No:	
Bank Address:			Bank Contact:	Bank Phone:	
Credit Card Authorization (optional)					
<input type="checkbox"/> I authorize ARC / Riot to use a credit card to settle my account balance each month in lieu of extending a line of credit. An ARC / Riot representative will contact you for the credit card information if authorization is given to ARC / Riot to use a credit card to settle your account balance each month in lieu of extending a line of credit. The account balance will be settled on the first day of each month for the previous month's net activity. Account authorization signature below is also required.					
Signature of Cardholder:				Print/Type Name:	
Account Authorization					
Collection of Accounts: In the event ARC / Riot is compelled to place this account with a collection agency, or files suit to enforce collection, I/we agree to pay all reasonable collection and attorneys' fees, and actual court costs associated. Upon default of any sum due under this agreement, the entire unpaid balance shall, at the option of ARC / Riot, become immediately due and payable. Should litigation be filed to enforce any of the agreements herein, I/we agree to jurisdiction and venue in the area of the ARC / Riot service center where this application is faxed.					
The information above is given to obtain an open account with ARC and Riot Creative Services. ARC / Riot uses credit reporting agencies such as Equifax to determine credit limit. ARC / Riot is authorized to make any credit inquiries necessary for approval according to the Federal Fair Credit Reporting Act U.S. Law 91-508(15USC1681). I understand that the credit terms are NET 30. The company also agrees to pay a delinquent charge of 1.5% per month for any open invoice amounts that are past our credit terms. I certify that the above information is correct and that I have the authority to incur liabilities in the name of the company. Please sign and fax completed form to 415.495.2542.					
Authorizing Signature (officer of the co.):				Print/Type Name:	

For Official Use Only		
Approval:	Account No.:	Approved Limit:
Sales Rep:	Sales Rep No.:	Entered Date:
Account Terms:		
Customer Class: <input type="checkbox"/> AEC <input type="checkbox"/> N-AEC <input type="checkbox"/> R		Primary Sales Location / Territory: