



Richmond International Technology Corp. (RIT)

Dr.Battery

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OFFICE USE
ONLY

Account Number:

CREDIT APPLICATION FORM

BANKING INFORMATION							
Bank Name*					Account#		
Contact Person					Phone#		
Address					Fax#		
City		Prov./State		Postal Code/Zip Code		Country	

*Please attached a copy of bank reference

PURCHASE VOLUME	
Annual Volume	

ACCOUNTS PAYABLE CONTACT			
Name			
Email			
Phone#		Fax#	

Internal Use Only	
Company Name	
Terms	
Credit Limit	
Additional Notes	