



Credit Card Authorization Agreement

PLEASE READ AGREEMENT IN ITS ENTIRETY – COMPLETE ALL LINES

Submitted by (Ricoh Personnel)

I hereby authorize Ricoh USA to charge the credit card number provided on this form for services rendered. (<<<<Company Name) is responsible for notifying Ricoh USA of any credit card changes, updates or cancellations to the card profile. This agreement may be cancelled at anytime through written notification to Ricoh USA. I am permitting charges to occur on the specific time option checked below:

(You must choose only ONE option below)

- I hereby agree for my Credit Card to be charged Automatically at the time of invoicing each month.
- I hereby agree for my Credit Card to be charged for all open invoices on the ____ day of each month.
- I hereby agree for my Credit Card to be charged ONLY when I send notice to charge an invoice. I will send notice to my assigned Accounts Receivable Rep or to the secured inbox for credit card payments: macrcp@ricoh-usa.com advising to pay (invoice #) with card ending (Last 4 Digits of Authorized Card)

*****You must call an AR Representative at 800-807-1012 for the First charge*****

Should the charge date fall on a weekend and/or holiday, the charge will take place the following business date.

Please TYPE ALL information below, print, sign, and return to macrcp@ricoh-usa.com

*LAST FOUR (4) Digits of Credit Card # _____

_____ We will contact you for security code upon receipt of form.

*Exp. Date _____

Credit Card Type: i:e Visa, MC, AMEX –

We currently do not allow Discover Card Transactions

Is this a procurement card? Yes No

*Print Name (as it appears on card) _____

_____ ****Authorized Signature – Print and Sign**

Title _____

_____ *Date Form Submitted

*Ricoh Customer /Account Number _____

_____ *Contact Number

*Credit Card Billing Street Address _____

_____ *Corresponding Fax Number

_____ *Contact Email Address

*City _____ State _____ Zip _____

Machine information MUST be provided or your submission will not be processed. Please contact your Accounts Receivable Associate for Equipment Assitance. A new form is required for machines not originally listed below.

*Equipment ID # _____

*Serial # _____

*Contract # (For Maintenance and Copies) _____

Please input below if you are authorizing periodic lease payments with Ricoh Financial Services. Omitting this will lead to your lease not being authorized for autopay)

*Lease Contract # _____

**Please Email or Fax completed form to:
M.A.R.C. Administration Team**

**Shanira Castillo ext 22556
Zaana Dykes ext 22802**

Administrative Assistant
**Accounts Receivable Center
Ricoh USA**

Phone: 800/807-1012

Fax: 678/ 966-6042

macrcp@ricoh-usa.com

Forms without an authorized signature, completed card profile, and either a contract, serial, or equipment ID will be returned for further completion. Please

In order to prevent duplicate payments, speed up payment, and improve the procurement process, we have arranged for automated billing for all the maintenance and monthly overage costs. Beginning with the next billing cycle, your department will pay the maintenance and usage invoice(s) directly to Ricoh via the p-card.

Note that this is only for machines that are leased from Ricoh through Wells Fargo, and this billing process is only for the Ricoh monthly service invoices for usage and the Labor/Fleet/Management fees. Your invoice will be your receipt for the charge that will need to be attached to the p-card statement.

The monthly base payment to Wells Fargo will continue to be paid through A/P, against your established purchase order.

Please complete the Credit Card Authorization form and send it to Ricoh. When completing the form, include the **LAST FOUR DIGITS ONLY** of your credit card number, and send it back to Ricoh's secured email macrcp@ricoh-usa.com or fax it to 678-966-6042. ***Ricoh will call you back for the full credit card number.***

Note that any forms without an authorized signature, completed card profile, and either a contract, serial, or equipment ID will be returned by Ricoh for further completion. Allow 2-5 business days for completion.

If you have any questions about the new process, please contact Accounting Services at 6-3030 or accountspayable@msudenver.edu.

Sincerely,

Accounts Payable Team