

**CREDIT CARD APPLICATION FORM**

I authorize Ripe Fresh Trading LLC to take payment for the participation in Ripe Markets on the below credit card for my outstanding dues.

|  |  |
| --- | --- |
| MARKET VENDOR COMPANY NAME |  |
| MARKET VENDOR NAME |  |
| CONTACT EMAIL |  |
| CONTACT MOBILE NUMBER |  |

|  |  |
| --- | --- |
| NAME ON THE CARD |  |
| CARD NUMBER |  |
| CREDIT CARD EXPIRY DATE |  |

PLEASE SPECIFY THE AMOUNT YOU WISH TO PAY IN AED

|  |  |
| --- | --- |
| AMOUNT  |  |

**Please email this form to markets@ripeme.com**