



Royal Staffing Services

3625 Thousand Oaks Blvd., Suite 245
Westlake Village, CA. 91362
805 373 9909 Fax 805 494 4365

14011 Ventura Blvd., Suite 214-W
Sherman Oaks, CA. 91423
818 981 1080 Fax 818 981 1338

CREDIT APPLICATION (Please Print / Type)

COMPANY NAME (LEGAL NAME): _____ D.B.A. (IF APPLICABLE): _____

ADDRESS: CITY. STATE: ZIP: _____

ATTENTION: TELEPHONE: A/P CONTACT (if different from above): _____

PLEASE COMPLETE THE FOLLOWING AND FAX BACK TO ROYAL ACCOUNTING DEPT: 818 981-0224

CORPORATION PARTNERSHIP SOLE PROPRIETOR

(if Corporation) CORPORATE NAME: _____ FEDERAL I.D.#: _____

if Sole Proprietor, partnership or dba:
NAME: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

BILLING ADDRESS: _____

TYPE OF BUSINESS: _____ HOW LONG IN BUSINESS: _____

DOES YOUR COMPANY REQUIRE PURCHASE ORDERS NUMBERS? YES () NO ()

LIST ALL WORKERS COMPENSATION CODES ASSIGNED TO YOUR COMPANY:

CODE	DESCRIPTION
_____	_____
_____	_____
_____	_____

WHAT IS YOUR CURRENT WORKER'S COMPENSATION INSURANCE EXPERIENCE MODIFICATION? _____ %

BANK AND TRADE REFERENCES:

BANK: _____ **VENDOR:** _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: _____

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

CONTACT: _____ CONTACT: _____

VENDOR: _____ **VENDOR:** _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: _____

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

CONTACT: _____ CONTACT: _____

The above statements are certified to be true. I hereby authorize all references to release any and all information regarding our account. I acknowledge payment terms are net seven (7) days unless alternate payment arrangements are agreed upon by both parties in writing. Payments not received within 30 days may be subject to collection fees totaling 1.5% per month of the past due amount.

Signed: _____ Title: _____ Date: _____