



Royal Staffing Services

3625 Thousand Oaks Blvd., Suite 245
Westlake Village, CA. 91362
805 373 9909 Fax 805 494 4365
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 .981.1338			
CORPORATION__ PARTNERSHIP__ SOLE PROPRIETOR__			
(if Corporation) CORPORATE NAME:		FEDERAL TAX 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 the 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: