



# Business Application

APPLYING FOR:

C.O.D. COMPANY CHECK

CREDIT CARD

NET BILLING TERMS \_\_\_\_\_  
DOLLAR AMOUNT REQUIRED

Company Name \_\_\_\_\_ Years at this Address \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Please Provide Physical Address \_\_\_\_\_ E-Mail \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of **Royal Office Supplies DBA Royal Imaging International**

PLEASE PRINT OR TYPE ONLY

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC
Exact Name of Owner(s) _____			
State of incorporation or registration of partner _____		Date of incorporation or registration of partnership or date business started _____	
Federal ID# _____	SS# of individual _____	Dun & Bradstreet # _____	
Are you a reseller of computer supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Resale # _____			

NAMES, COMPLETE ADDRESS AND PHONE (check proper space(s) at left and list information on right.)

<input type="checkbox"/> Individual if Proprietorship	1) _____	Tel (____) _____
<input type="checkbox"/> Partners if Partnership	2) _____	Tel (____) _____
<input type="checkbox"/> Principals if Corporation	3) _____	Tel (____) _____

BANK REFERENCE

Bank Name _____	Account# _____
Address _____	
Acct. Opening Date _____	Bank Officer _____ Tel (____) _____
Bank Name _____	Account# _____
Address _____	
Acct. Opening Date _____	Bank Officer _____ Tel (____) _____

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize **Royal Imaging International** to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

**BUSINESS REFERENCES**

<b>Business Name:</b>		<b>Account #</b>
Address:		
City:	State:	Zip Code:
Credit Terms:	Credit Limit:	Tel (     )     -
Contact:		Fax (     )     -

<b>Business Name:</b>		<b>Account #</b>
Address:		
City:	State:	Zip Code:
Credit Terms:	Credit Limit:	Tel (     )     -
Contact:		Fax (     )     -

<b>Business Name:</b>		<b>Account #</b>
Address:		
City:	State:	Zip Code:
Credit Terms:	Credit Limit:	Tel (     )     -
Contact:		Fax (     )     -

Terms and Conditions of this credit application

- 1) Until credit approval can be obtained, new accounts will be shipped C.O.D., Cash or Certified Check.
- 2) All past due amounts due and owing **Royal Imaging International** by Applicant shall bear interest from date due until paid at the greatest applicable non-usury interest rate permitted by law. If no usury statute shall apply, all past due amounts may bear interest at 2.5% per month.
- 3) Orders with outstanding and past due balances will be processed on C.O.D. basis only.
- 4) Debtor agrees to pay all invoices at **8936 Comanche Avenue, Chatsworth, CA 91311**.
- 5) Checks returned due to insufficient funds will be assessed a \$25 service charge.

I certify that I have read and agreed to the terms above. I further agree to pay all interest and expenses incurred by **Royal Imaging International** including legal fees that are necessary to collect amounts owed by this credit applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Continuing Guaranty

For value received, the undersigned Guarantor, hereby guarantees and promises to pay all amounts due and owing by the Credit Applicant to Royal Imaging International, regardless of when incurred including future transactions, without limit, and all extensions and renewals thereof, (which extensions and renewals may be made in whatsoever form and without notice to or consent of the undersigned), and guarantees and promises to pay all expenses, including reasonable attorney's fees, incurred in collecting said obligation and enforcing this Continuing Guaranty, and hereby waives (a) presentment, demand, notice of demand, protest, notice of protest, notice of dishonor, and notice of nonpayment; and (b) the right to require Royal Imaging International to proceed against the Credit Applicant, or to pursue any other remedy. For valuable continuing consideration, including, but not limited to continuing to extend credit to the Credit Applicant, the undersigned Guarantor hereby agrees that this Continuing Guaranty may not be revoked in respect to future transactions.

Personal Guarantor \_\_\_\_\_ Date \_\_\_\_\_

Security Agreement

As security for the above-described obligation, the undersigned Credit Applicant hereby grants to Royal Imaging International and Royal Imaging International accepts a security interest in all assets now owned and hereafter acquired by the undersigned Credit Applicant, including but not limited to consumer goods, equipment, inventory, contract rights, chattel payer, and accounts receivable, now owned or hereafter acquired by the Credit Applicant and all proceeds therefrom. Furthermore, the Credit Applicant hereby agrees that Royal Imaging International may complete and record a UNIFORM COMMERCIAL CODE-FINANCING STATEMENT (Form UCC-1) to carry out the purposes of this paragraph.

Credit Applicant \_\_\_\_\_ Date \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

Acct# \_\_\_\_\_ Account Name \_\_\_\_\_

**Credit Card Accounts:** If approved for credit card account only, my signature below authorizes Royal Imaging International to charge card at time of each order.

**Term Accounts:** I authorize Royal Imaging International to charge my credit card upon phone/email/fax authorization only, as a payment towards my balance.

This authorization will be kept on file for future use.

**One time charge only:** I authorize Royal to charge \$ \_\_\_\_\_ for PO / Order / Invoice # \_\_\_\_\_.

Please sign, provide card information and return fax to 818-407-0389. If you have any questions, please call Accounts Receivable x118. Thank you.

Credit Card Type:

VISA       MASTERCARD       DISCOVER       AMEX

Name as appears on cc: \_\_\_\_\_

Card No. \_\_\_\_\_ Validation Code \_\_\_\_\_

(Please provide separate authorization letter for each card.)

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_