

10770 Indian Head Industrial Blvd., St. Louis, MO 63132 Tel:314-738-0100, Fax: 314-738-0600

ACCOUNT / CREDIT APPLICATION

Thank you for the opportunity to serve you!

Name of business or individual to who	om credit is to be extended	Phone:
Address:		
Type of Business:		
If your firm has ever operated under a	a different name, please list name a	and address
Please indicate the name and address		
Has business declared bankruptcy in	the last 14 years?Yes	No
Authorized Representatives Are: (N	linimum of two if corporation or	partnership)
Full Name:	Title:	
Full Name:		
Full Name:		
Bank		
Bank:	Acct.N	o:
Address / Brench:		
Bank:	Acct.N	0:
Address / Brench:		

Any changes in this application must be in writing on file at Royal Car Service LLC.					
Signed:	_ Date:	_ Signed:	_ Date:		
For Office Use Only					
Date:By Sales Person:	A	ssigned Account No.:			
By Gales I Cladii					

Payment must be made within 14 days after receiving billl.