



Royal Diversified Products, Inc.
 287 Market Street, P.O. Box 444
 Warren, RI 02885-0444 USA
 P: 401-245-6900 F: 401-247-2231

CREDIT APPLICATION

Date: _____

Please Print or Type

Business Information			
Business Name		Phone	
A.K.A		Fax	
Billing Address		Shipping Address	
City		City	
State	Zip	State	Zip

Approximate amount of credit required monthly: _____

FED. TAX I.D.#: _____ D & B#: _____

TAX EXEMPT # (If Applicable) _____ DATE ESTABLISHED: _____

OWNERSHIP: () Sole Proprietor () Partnership () Corporation

PRINCIPAL (Name & Title): _____

PRINCIPAL (Name & Title): _____

PERSON TO CONTACT ABOUT ACCOUNT: _____

Trade References		
Firm Name	Business Address	Phone
Acct. #	City, State, Zip	Fax
Firm Name	Business Address	Phone
Acct. #	City, State, Zip	Fax
Firm Name	Business Address	Phone
Acct. #	City, State, Zip	Fax

Bank Reference	
Name	Type of Account
Address	Account Number
City, State, Zip	Phone

I hereby agree to adhere to the "Terms of Payment" and to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. The undersigned authorizes Royal Diversified Products, Inc. to investigate the credit references listed above.

Signature of Applicant: _____ Title: _____