



Thank you for your interest in Royal Industries, Inc.

Please fill ALL of the information on the attached Credit Application.

To speed up the credit approval process, we need to know the principals of your company, your purchasing agent, if your premises is owned or leased, and your credit requirements. We have included our “Bank Authorization Form for the Release of Credit Information”. Make certain that this is completely filled out and included when returning your credit application to us.

**Please fax all completed forms with a copy of your resale certificate to 773-478-4948 to begin the credit process.**

Thank you for your prompt attention.

Sincerely,

Royal Industries, Inc.

Credit Department

Please take a moment to tell us where you heard of us?

- Royal website
- Other Website \_\_\_\_\_
- Email promotion
- Referred by \_\_\_\_\_
- Mailed flyer
- Royal Sales Rep. \_\_\_\_\_
- Buying Group \_\_\_\_\_
- Other \_\_\_\_\_



**BANK AUTHORIZATION FORM**  
**FOR THE RELEASE OF CREDIT INFORMATION**

**Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

You are hereby authorized to provide Royal Industries, Inc., Chicago, Illinois; all needed credit information with regard to the above noted account to enable us to establish an open credit account with them.

Thank you for your cooperation.

Authorized by:

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

\_\_\_\_\_  
Signature



# CREDIT APPLICATION

Date: \_\_\_\_\_

## COMPANY INFORMATION

Business Name: \_\_\_\_\_ Requested Line of Credit:\$ \_\_\_\_\_

D/B/A Name: \_\_\_\_\_ FED ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ State Resale #: \_\_\_\_\_ Website: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ For Past \_\_\_\_\_ years.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address\*: \_\_\_\_\_ For Past \_\_\_\_\_ years.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*If multiple ship locations, please attach on separate sheet. Buying Group: \_\_\_\_\_

Former Business Address (if applicable): \_\_\_\_\_

Ownership: Sole Proprietor  Partnership  Corporation  Number of Employees: \_\_\_\_\_ Est. Annual Sales:\$ \_\_\_\_\_

Is Store: Owned  Leased  Years remaining on lease: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_ Ph #: \_\_\_\_\_

Address: \_\_\_\_\_

## PRINCIPALS

Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_

## TRADE REFERENCES

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fx#: \_\_\_\_\_

Addr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fx#: \_\_\_\_\_

Addr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fx#: \_\_\_\_\_

Addr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BANK REFERENCE

Name: \_\_\_\_\_ Addr: \_\_\_\_\_

Acct: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fx#: \_\_\_\_\_

Has the firm or principals ever been Bankrupt? Yes  No  If Yes, explain: \_\_\_\_\_

## SIGNATURES

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. It is understood that all billing of accounts receivables and credit are processed through our headquarters in Cook County, Chicago, Illinois. It is understood that in the even of a suit or action, it is understood that Cook County, Chicago, Illinois at the option of Royal Industries, Inc. is the venue for litigation. I/We understand that I/We are waiving our right to litigate outside of Cook County, Illinois.

The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

## PERSONAL GUARANTEE

In consideration for Royal Industries, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Royal Industries, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Royal Industries, Inc. and the business. Royal Industries, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Royal Industries, Inc. .

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Royal Industries, Inc. . Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, NO TITLE)

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_

Name of Business whose account is guaranteed: \_\_\_\_\_

----- CREDIT DEPARTMENT USE ONLY -----

Date: \_\_\_\_\_ Line of Credit: Approved / Denied Amount \$: \_\_\_\_\_

Comments: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

**REQUIRED CONTACT INFO**  
(please fill out as much as possible)



**PURCHASERS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Location: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Location: \_\_\_\_\_ Location: \_\_\_\_\_

**SALES PERSONS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Location: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Location: \_\_\_\_\_ Location: \_\_\_\_\_

**ACCOUNTS PAYABLES:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ e-Mail: \_\_\_\_\_

**INVOICE DELIVERY:**

e-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDITIONAL INVOICE RECIPIENTS:**

e-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_



Royal Industries, Inc.  
4100 W. Victoria Street  
Chicago, IL 60646  
PH (773) 478-6300 • FAX (773) 478-4948  
www.royalindustriesinc.com

Valued Royal Industries, Inc. Distributor:

Proposition 65, also called the Safe Drinking Water and Toxic Enforcement Act, was enacted by the State of California in 1986. The act requires “clear and reasonable” warnings about potential exposures to certain chemicals that California has determined cause cancer, birth defects or other reproductive harm.

Under the current rules, the warnings had to be shown on the product and/or the product’s packaging. However, Proposition 65 has recently been amended to also include “pre-purchase” warning requirements. The amendments take effect on August 30, 2018. In addition to on-product warnings, catalogs and webpages must now carry the same warnings so that consumers in California can see the warnings prior to purchase.

Because of this requirement, we need to have all distributors who sell our products acknowledge the receipt and understanding of this information. Therefore, we are asking that you complete the form at your earliest convenience. **Royal Industries, Inc. requires your confirmation electronically, or in writing, of receipt of this notice. Fill out the appropriate fields for acknowledgement. If Royal Industries, Inc. does not receive confirmation, we will be unable to ship products to you.**

As a recognized authorized Royal Industries, Inc. distributor, this correspondence provides notice pursuant to California Health and Safety Code section 25249.5 et seq. (“Prop 65”) and one of its enabling regulations at 27 CCR § 25600.2(b) (effective 30 August 2018). California law requires any company to declare if their products contain certain substances, as so listed on <https://oehha.ca.gov/proposition-65/proposition-65-list> and those products are sold in California.

The products indicated in the file(s) hyperlinked from this page, with a Royal Industries, Inc. SKU number, and description, require a Prop 65 warning for any sales into California. Affected Products Link: [Royal Industries, Inc. Products](#)

Royal Industries, Inc. product’s will provide the necessary warning on the product labels, on its website, and in all future printed publications. Distributors are expected to convey identical warning language in their printed literature as well.

For Royal Industries, Inc. distributors who sell online, the warning language for products sold must be shown to the online consumer prior to completing the purchase, and should also be provided on the product display page with a clearly marked hyperlink using a symbol consisting of a black exclamation point in a yellow equilateral triangle with a bold black outline and the word “**WARNING**” in capital letters and bold print, or by otherwise prominently displaying the warning to the purchaser prior to completing the purchase, e.g.:

 **WARNING:** This product can expose you to chemicals including \_\_\_\_\_ [e.g. Bisphenol A (BPA)], which is known to the State of California to cause birth defects or other reproductive harm. For more information go to: [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

**As a condition of distributing Royal Industries, Inc. products to retail sellers:**

- The distributor acknowledges that it is an authorized agent, for purpose of complying with Prop 65, of any retail seller to whom it distributes Royal Industries, Inc. products. Under the Prop 65 regulations, this means that the distributor is authorized by the retailer seller(s) to receive Prop 65 notices from manufacturers.
- The distributor agrees to provide Royal Industries, Inc. Prop 65 notices to any retail seller that is allowed to sell Royal Industries, Inc. products.
- The distributor agrees to indemnify and hold harmless Royal Industries, Inc. for any liability if the distributor fails to provide the Prop 65 notice (which is provided by this notice) to an authorized retail seller, and distributor also indemnifies Royal Industries, Inc. if the retail seller fails to provide the notice.

Sincerely,  
**Royal Industries, Inc.**

**Royal Industries, Inc. requires your confirmation electronically, or in writing, of receipt of this notice.**

**Fill out the appropriate fields below for acknowledgement.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 e-Mail: \_\_\_\_\_ Company: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Do you sell into California? Yes No Date: \_\_\_\_\_

**Email completed form to [orders@royalindustriesinc.com](mailto:orders@royalindustriesinc.com)**

For additional questions concerning Prop 65 refer to: <https://oehha.ca.gov/proposition-65/law/proposition-65-law-and-regulations>