

Royal Sleep Products, Ltd.

900 S Haltom Rd * Fort Worth, TX 76117-6423
Toll Free 800-834-2473 * Fax 866-480-9956

Date: _____

BUSINESS APPLICATION

PLEASE submit a valid Sales Tax Exemption with your application.

Business Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ e-mail: _____

Website: _____ D & B # _____ LYON's # _____

Type of Business: Proprietorship Partnership Corporation State: _____

Federal Tax ID # _____ State Sales Tax Certificate # _____ State: _____

Type of Account Requested: COD Credit Card Pre-Paid Terms Amount Requested: \$ _____

Years in Business: _____ Number of Stores: _____ Annual Sales: \$ _____

Principal Owners / Officers				
Name	Title	Social Security #	Drivers License / State	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank References			
Name	Account #	Complete Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Trade References			
Name	Complete Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize any and all bank and trade references to answer all requests for information from Royal Sleep Products. (RSP) regarding past and present credit history.

In consideration for receiving credit privileges from RSP, I do hereby agree to be personally responsible for and do hereby personally guarantee that the payment in full of all amounts due to RSP arising from the sale of merchandise by RSP to the here-in named business. I further agree that RSP may add finance charges in the amount of 1.5% per month, (18% APR) to any invoice(s) not paid within 30 days from the date of sale and a \$30 service charge for Returned Checks. In the event that the here-in named business fails to pay all balances due in full, reasonable collections charges and/or attorney fees court costs, and interest may be charged and I do agree to pay the same.

Applicants warrants the information to be true and complete and that they are authorized to sign on behalf of the business entity.

Company Name: _____ Date: _____

By: _____ Title: _____

By: _____ Title: _____