



ROYAL LOAN COMPANY
 1024 Mission St* San Francisco, CA 94103
 TEL: 415-865-9999 FAX: 415-431-9911
 www.royalloanco.com

General Information

First Name: _____ MI: _____ Last Name: _____
 Address: _____ Suite/Apt #: _____ ?Own ?Rent
 City: _____ State: _____ ZIP: _____
 Phone: _____ ?Home ?Cell ? Other Phone _____ ?Home ?Cell
 Email: _____ How Did you Hear About Us? _____

Personal Information

SSN #: _____ - _____ - _____ DOB: ____/____/____ (mm/dd/yyyy) Gender: ?Male ?Female
 ID #: _____ Type: ?Drivers License ?State ID ?Military
 ID Expiration Date: ____/____/____ (mm/dd/yyyy) State Issued: _____

Personal References

Reference: _____ Phone: (____) _____ - _____ Relationship: _____
 Reference: _____ Phone: (____) _____ - _____ Relationship: _____
 Reference: _____ Phone: (____) _____ - _____ Relationship: _____

Bank References

Acc #: _____ Bank Name: _____ Phone: _____ ?Checking ?Savings
 Acc #: _____ Bank Name: _____ Phone: _____ ?Checking ?Savings

Employment Information

Employer: _____ ?Full-Time ?Part-Time ?Temp
 Address: _____ City: _____ ST: _____ ZIP: _____
 Work #: (____) _____ - _____ Ext _____ Supervisor's Phone Number: (____) _____ - _____ Ext _____
 Rate \$: _____ Per Hour Hours Per Week: _____ How Long Working?: _____ years _____ months
 Next Payday: ____/____/____ Other Income \$: _____ ?SSI ?Disability ?Retirement ?Annuity

I, the undersigned, (1) certify that the above representations are truthful and correct; (2) authorize Royal Loan Co. to make credit inquiries and gather whatever information it considers necessary and appropriate (3) authorize Royal Loan Co. to give information concerning this transaction to others; and (4) agree to notify Royal Loan Co. of any change in name, address, or employment. Your actual signature will be required in store on this form and on the Short Term Loan Agreement and Disclosure Form.

X _____
 Name Date