



2900 Black Lake Place  
Philadelphia, PA 19154  
Phone: (215) 698.4400  
Fax: (215) 698.2701

## CREDIT APPLICATION AND CREDIT AGREEMENT

CORPORATION NAME OR TRADE STYLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE (INCLUDING ZIP): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF ORGANIZATION:  CORPORATION  PARTNERSHIP  INDIVIDUAL

TYPE OF BUSINESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ FID #: \_\_\_\_\_ SALES TAX #: \_\_\_\_\_

PRINCIPALS (OFFICERS): \_\_\_\_\_

DO YOU ISSUE PURCHASE ORDERS?  YES  NO

PURCHASING AGENT OR MANAGER: \_\_\_\_\_

NAME OF EACH PERSON AND TITLE AUTHORIZED TO MAKE PURCHASES: \_\_\_\_\_

### BANK ACCOUNTS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

### CREDIT REFERENCES: (MUST HAVE COMPLETE NAMES AND ADDRESSES)

(1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

(2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

(3) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

(4) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**In consideration for granting of credit by Elliott-Lewis Corporation, we (I) agree to the following:**

- (A) That the information provided herein by us (me) is accurate.
- (B) That Elliott-Lewis Corporation will rely on said information in granting credit.
- (C) That we (I) shall pay all charges within Elliott-Lewis Corporation terms.
- (D) That we (I) agree to pay a monthly service charge of 1.5 percent per month, which is an annual percentage rate of 18 percent for each month following the due date that an invoice remains unpaid.
- (E) That we (I) agree that the payment of said service charge does not extend the time within which we (I) are obligated to pay such invoice amount.
- (F) That we (I) agree to pay, in addition to any accrued service charge and the invoice amount, any expenses, including reasonable attorneys' fees, which Elliott-Lewis Corporation may incur with respect to the collections of any amounts due it from us (me).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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Name of Company

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Signature

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Title

Official responsible for payment of account: \_\_\_\_\_

Approved by: \_\_\_\_\_

Elliott-Lewis Corporation

The completed application should be forwarded

By fax: (215) 698 2701

By US Mail: Terry Sanson

Elliott-Lewis Corporation,

2900 Black Lake Place

Philadelphia, PA 19154

By email: [tsanson@elliottlewis.com](mailto:tsanson@elliottlewis.com) (digital signatures accepted)