

PENNSYLVANIA CONVENTION CENTER LABOR SUPPLIER

CREDIT APPLICATION AND AGREEMENT

COMPANY NAME: _____

COMPANY ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COMPANY PHONE: _____ **COMPANY 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 PERSON(S) AND TITLE AUTHORIZED TO MAKE PURCHASES: _____

BANK ACCOUNT INFORMATION:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY & STATE: _____	CITY & STATE: _____
PHONE: _____	PHONE: _____
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

CREDIT REFERENCES: (Must have complete name and address.)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Account #: _____
Comments: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Account #: _____
Comments: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Account #: _____
Comments: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Account #: _____
Comments: _____

In consideration for the granting of credit by Elliott-Lewis Convention Services agree to the following:

- (A) That the information provided herein is accurate.
- (B) That Elliott-Lewis Convention Services will rely on said information in granting credit.
- (C) That all charges shall be paid within Elliott-Lewis Convention Services terms.
- (D) To pay a monthly service charge of 1.5 percent per month which is an annual percentage rate of 18% (percent), for each month the invoice remains unpaid following the due date.
- (E) The payment of said service charge does not extend the time within which we (I) are obligated to pay such invoice amount.
- (F) To pay, in addition to the original invoice amount and accrued services charges, any costs and attorneys fees, including fees on appeal, incurred should Elliott-Lewis Convention Services find it necessary to refer this matter to an attorney for collection

Agreed upon this: _____ **day of** _____, **20**_____

Company Name: _____

Company Representative: _____

Signature: _____

Title: _____

Official responsible for payment of account: _____

The completed application should be forwarded:

By fax: (215) 418 - 2147
By US Mail: Jodi Moule, Contract Administrator
Elliott-Lewis Convention Services, LLC
c/o Pennsylvania Convention Center
1101 Arch Street
Philadelphia, PA 19107
By email: jmoule@elliottlewis.com

FOR INTERNAL USE ONLY:

Approved by: _____
Elliott-Lewis Convention Services

Date: _____