

**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: _____ ADDRESS: _____ CITY & STATE: _____ PHONE: _____ ACCCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	NAME: _____ ADDRESS: _____ CITY & STATE: _____ PHONE: _____ ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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**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](mailto:jmoule@elliottlewis.com)

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**FOR INTERNAL USE ONLY:**

**Approved by:** \_\_\_\_\_  
Elliott-Lewis Convention Services

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