

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: CHECKING SAVINGS

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

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Account #: _____

Account #: _____

Comments: _____

Comments: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Account #: _____

Account #: _____

Comments: _____

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@paconvention.com

FOR INTERNAL USE ONLY:

Approved by: _____
Elliott-Lewis Convention Services

Date: _____