



ELDREDGE, INC. APPLICATION FOR CREDIT

898 Fern Hill Road, West Chester, PA 19380

Office: (610) 436-4749 Fax: (610) 430-6948 eldinc@eldredgeinc.com

Firm Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Division _____ City _____ State _____ Zip _____

Type of Business _____ Years in Business _____

Accounts Payable Supervisor _____ Phone _____

Estimated Initial Order \$ _____ Subsequent Order \$ _____

Bank Name _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Bank Officer _____ Fax# _____ Phone _____

Your signature below gives the bank and listed references permission to release account information.

Signed _____ Title _____ Date _____

REFERENCES:

1. Name _____ Email _____

Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Email _____

Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Email _____

Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Payment terms are net 30 days. Unpaid balances shall be subject to interest at the rate of 1.5% per month or the maximum permissible under state law, whichever is less, starting 30 days from the invoice date. Eldredge, Inc. may after giving notice, suspend services under any agreement without liability until all past due accounts, including fees and interest accrued, have been paid. In the event Eldredge, Inc. has to take legal action to be paid for its services and prevails, all reasonable attorneys fees and costs associated with this action will be reimbursed by the client.

This information is presented with the understanding that it may be used as a basis for the acceptance of a Contract by Eldredge, Inc. The undersigned, as Agent of the Contracting Party is hereby authorized to disclose to Eldredge, Inc. all or any portion of the information contained in this Credit Application. The above information is true and correct to the best of my/our knowledge and it is my/our understanding that furnishing false or incomplete information may result in the forfeiture of deposit or other financial loss.

Signed _____ Title _____ Date _____
Owner or Corporate Officer

Please Email Completed Form to: eldinc@eldredgeinc.com Credit is extended at the discretion of Eldredge, Inc.

Date _____ Approved _____ Account Manager _____