

RETURN APPLICATION TO:

Robert Elgart & Son, Inc.
 1011 West Butler Street
 Philadelphia, PA 19140-3109
 215-228-5957 Fax 215-320-4759

**CREDIT APPLICATION**

Revised 5-20-08

Print or Type Clearly:

Date of Application: _____

Company Name(Exact Name): _____

The Company is a: ___ Proprietorship ___ Partnership ___ Corp ___ Indiv County: _____ State: _____

DBA/Firm Name: _____ Federal I.D.# _____

Billing Address: _____

Shipping Address: _____

How long in business? _____ Ph () _____ Fax () _____

Principal Owner: (please print) _____ Email Address: _____

Application for credit is hereby made & the following references given. It is understood this information will be held in the strictest confidence & used only by our Credit Department. PA applicants, please attach a copy of your Sales Tax Exemption Certificate.

OWNER(S) ADDRESS**BANK ACCOUNT**

1. Street _____ City _____ Name _____

State _____ Zip _____ Ph () _____ Street _____

Cell # _____ City _____ State _____

2. Street _____ City _____ Zip _____ Ph () _____

State _____ Zip _____ Ph () _____ Account # _____

Cell # _____

CREDIT REFERENCES**CREDIT REFERENCES**

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Ph () _____

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Ph () _____

 Check here if you are agreeable to cash sales until credit is approved.

APPLICANTS AGREE TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. If legal action to collect unpaid invoices becomes necessary, Applicant agrees to pay interest at the rate stated in our terms (or if no rate is stated, at an annual rate of 18%), plus legal fees and costs up to 33 1/3% of the delinquency but not less than \$1,000.00. The information provided by the Applicant above is for the purpose of obtaining credit, and the Applicant warrants that each and every statement made is true, correct and complete and that the persons signing for Applicant are authorized to do so. Applicant hereby authorizes Robert Elgart & Son, Inc., or its agents, to contact the references and financial institutions named above for the purpose of investigating the Applicant's creditworthiness. (Interest will be charged at 1½% per month on any past due balances.)

As an additional inducement to Robert Elgart & Son, Inc. to extend credit to Applicant named above, I/we hereby agree to become surety/sureties to Robert Elgart & Son, Inc. for payment of all amounts due or to become due in the future from the Applicant, including legal fees, interest and collection costs.

The person signing the acceptance of this agreement represents and warrants that he/she is the owner or duly authorized agent of the owner(s) of the company and that the company has the financial ability to pay these invoices.

Signature _____

Date: _____

Print Name _____

Purchases on credit are permitted at the vendor's discretion and credit availability may be terminated at the vendor's sole discretion. Our normal credit terms are NET 5th PROX.

THIS FORM WILL NOT BE REVIEWED FOR CREDIT APPROVAL UNTIL FULLY COMPLETED