

Customer Information and Agreement

Legal Name or Trade Style:				
Billing To Address:				
City:			Zip:	
Main Phone:	Website:			
Location Address:				
City:		State:	Zip:	
Type of Organization: Corporation	☐ Partnership	□ Sole Proprietor	☐ Other	
☐ Tax-Exempt (If checked, plea				
Type of Business:				
FID#:	Sales Tax #:			
State of Incorporation (Attach W-9):	# c	# of Years in Business:		
Contact for Invoices:		Title:		
Email:		Fax:		
Principals (Officers):				
Do you issue Purchase Orders:	□ Yes □ No			
Preferred invoice delivery method:	☐ USPS ☐ Email:			
Full Name of Person/People authorized to make purchases		Position /	Position / Title	
In consideration for granting of credit by Elliott (A) That the information provided herein (B) Applicant agrees to allow Elliott-Lewis (C) Applicant will be bound by the Terms (D) Applicant agrees to pay all charges w (E) Applicant agrees to pay a monthly se for each month following the due date that an (F) Applicant agrees to pay, in addition to reasonable attorneys' fees, which Elliott-Lewis	by applicant is true and correct some correc	ot and will be used to make credicant / financial institutions and tracent. Iterms, Net 30 days from invoice month, which is an annual per and the invoice amount, any exp	de references provided. e. centage rate of 18 percent penses, including	
Digital Signatures are accepted.				
Signature:		Date:		
Name:		Titlo		
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The completed application should be sent via email to Sandy Ruddy or your Salesperson. If you have any questions, please contact Sandy at sruddy@elliottlewis.com or (215) 698-5983

Response You Can Depend On https://aaduckett.com/