



A.A. DUCKETT, INC.

AN  **ELLIOTT-LEWIS COMPANY**

A.A. Duckett, Inc.
134 Maple Leaf Court
Glassboro, NJ 08028
Phone: 856-863-1919
Fax: 239-694-2106
Web Site: www.aaduckett.com

Credit Application and Agreement

Corporation Name or Trade Style: _____

Address: _____

City & State (Including Zip): _____

Phone: () _____ Fax: () _____ Email: _____

Type of Organization: Corporation Partnership Sole Proprietor LLC

Type of Business: _____

Date Established: _____ FID# _____ Sales Tax # _____

Person to Contact for Invoicing: _____

Principals (Officers): _____

Do you issue purchase orders? Yes No

Purchasing Agent or Manager: _____

Name of each person and title authorized to make purchases: _____

Bank Accounts:

Name: _____ Name: _____

Address: _____ Address: _____

City & State: _____ City & State: _____

Phone: () _____ Phone: () _____

Type of Account: Checking Savings Type of Account: Checking Savings

Credit References: (Must have complete names and addresses)

Name: _____ Name: _____

Address: _____ Address: _____

City & State: _____ City & State: _____

Phone: () _____ Phone: () _____

Fax: () _____ Fax: () _____

Comments: _____ Comments: _____



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In consideration for granting of credit by A.A. Duckett, Inc., we (I) agree to the following:

- (A) That the information provided herein by applicant is true and correct, and will be used to make credit decision.
- (B) That A.A. Duckett, Inc. will rely on said information in granting credit.
- (C) That we (I) shall pay all charges within A.A. Duckett, Inc. terms.
- (D) That we (I) agree to pay a monthly service charge of 1.5 percent per month, which is an annual percentage rate of 18 percent for each month following the due date that an invoice remains unpaid.
- (E) That we (I) agree that the payment of said service charge does not extend the time within which we (I) are obligated to pay such invoice amount.
- (F) That we (I) agree to pay, in addition to any accrued service charge and the invoice amount, any expenses, including reasonable attorneys' fees, which A.A. Duckett, Inc. may incur with respect to the collections of any amounts due it from us (me).
- (G) You give A.A. Duckett, Inc. permission to check all credit and bank references.

Dated this _____ Day of _____, 20_____

Name of Company

Signature

Title

Official responsible for payment of account: _____

Approved By: _____
A.A. Duckett, Inc.

The completed application should be forwarded

By Fax: (215) 402.1002

By US Mail: Mark A. DeVito
Elliott-Lewis Corporation
2900 Black Lake Place
Philadelphia, PA 19154

By Email: mdevito@elliottlewis.com