

Duffy's Restaurant, Inc.
1004 W. Eighth Ave.
King of Prussia, PA 19406
610-337-4170
duffys.catering@erols.com
FAX: 610-337-7407 or 610-337-3808



Application for Credit

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Phone: _____ Fax: _____

Address of Accounts Payable Debt. (If different from above.): _____

Does your company use, Purchase Orders, Dept. Codes, Cost Center Numbers, Etc? _____

If yes, which, _____

Terms of payment desired _____ (Subject to approval.)

Does your company pay from invoices of statements: _____

Please, list all personnel authorized to use this account:

Primary contact and accounts payable/office manager will be notified of approval and terms.

All invoices will supply upon delivery.

Payment is to be made from that invoice within the agreed upon terms or a finance charge of 1_% per month will accrue. A statement will not be sent unless otherwise agreed upon.

Signature of Accounts Payable/Office Manager: _____ Date: _____