



NEW BRUNSWICK • FLEMINGTON • TRENTON  
 SOMERVILLE • FREEHOLD • PISCATAWAY • FAIRFIELD  
 800-227-6677 FAX: 732-752-8219

PO BOX 8310  
 Piscataway NJ 08855-8004

CREDIT APPLICATION and PERSONAL GUARANTEE

Name of Business \_\_\_\_\_

Amount of Credit Desired \$ \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ Cell Phone/Beeper \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Business is a: Corporation  Partnership  Individually-Owned Business  LLC  Other: \_\_\_\_\_

Trade References:	Name	Address	City	Zip	Phone No.	Account #

We bank at:	Name	Address	City	Zip	Account No.	Bank Contact

The Principal owners or officers are:

Name	Title	Address	City	Zip	Home Phone	Soc. Sec. #	Name of Spouse
1. _____							
2. _____							
3. _____							

Customer Contact \_\_\_\_\_

Real Estate Owned:	Address	Value	Title in Name of	Balance Owed	Mortgage Co.
1. Home					
2. Home					
3. Business					

We have been previously employed by \_\_\_\_\_

Is NJ Sales Tax to be charged?  Yes  No Other states?  Yes  No Specify: \_\_\_\_\_  
 (If answer to above is NO, valid certificate must be provided.)

11/2% monthly service charge (18% annual percentage rate) is added to accounts past due.  
 If this account is placed in the hands of a bonded collection agency, or attorney for collection, the undersigned shall pay 33 1/3% of the unpaid principal plus interest and all related costs as a collection fee, which amount the undersigned agrees is reasonable.

The undersigned understands the information on both sides including bank and personal information is being submitted for the purpose of obtaining information and authorizes the verification of this information, now or in the future, and/or obtaining additional information by securing data from a credit reporting agency. This is to certify that I am a principal in the above business, and in consideration of the extension of credit, I do personally guarantee payment of any and all invoices which remain unpaid. THE USE OF A CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE. The undersigned has read and agreed to all terms and conditions stated herein.

Date: \_\_\_\_\_

By _____	_____	_____
Signature	Name Printed	Witness
_____	_____	_____
Signature	Name Printed	Witness
_____	_____	_____
Signature	Name Printed	Witness

(over, please)

In addition to all of the terms set forth in the credit agreement, I hereby authorize Aaron & Company to charge all amounts which are charged on my account to the following charge cards, if any portion of my account is not paid within terms:

NAME OF CHARGE CARD

ACCOUNT NUMBER

EXP. DATE

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SIGNATURE \_\_\_\_\_

Other information that may be helpful to obtain credit from Aaron & Company.

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Would you prefer  Weekly Billing  Monthly Billing

Please list or attach special billing and/or shipping instructions.

Branch \_\_\_\_\_ Sism \_\_\_\_\_