



NEW BRUNSWICK • FLEMINGTON • TRENTON
 SOMERVILLE • FREEHOLD • PISCATAWAY
 800-227-6677 FAX: 732-752-8221

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

SIGNATURE _____

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

Would you prefer Weekly Billing Monthly Billing

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

Branch _____ Slsn _____