



# APPLICATION FOR CREDIT

MAIL TO: ARETT SALES CORPORATION  
ATTENTION: CREDIT MANAGER  
P.O. BOX 3540  
CHERRY HILL, NJ 08034

IF FAXED, MUST ALSO MAIL ORIGINAL

PHONE: (856) 751-1224 ... EXT 292  
FAX: (856) 751-4709

Date: \_\_\_\_\_ Sales Person Name: \_\_\_\_\_ Credit Line Desired: \$ \_\_\_\_\_

Business Name: \_\_\_\_\_ Number of Store Locations: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have more than one shipping address? Attach separate sheet listing complete addresses for all shipping locations.

Accounts Payable Contact: \_\_\_\_\_

Purchase Order Required? Yes  No

Type of Business: Corporation  Partnership  Proprietor

Number of Years in Business: \_\_\_\_\_

Estimated Yearly Purchases: \$ \_\_\_\_\_

Tax Exempt #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

(Must have copy of certification)

PLEASE LIST NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS FOR YOUR OFFICERS, PARTNERS AND/OR OWNER:

<b>1</b>	_____	_____	_____
	Name	Home Address	Social Security #
	_____	_____	
	Title	City, State & Zip	
<b>2</b>	_____	_____	_____
	Name	Home Address	Social Security #
	_____	_____	
	Title	City, State & Zip	
<b>3</b>	_____	_____	_____
	Name	Home Address	Social Security #
	_____	_____	
	Title	City, State & Zip	

BANK REFERENCE:

_____	_____
Bank Name	Account Officer
_____	_____
Bank Address	Checking Account #
_____	_____
City, State & Zip	Savings Account #
_____	_____
Phone Number	Loan Account #

**TRADE REFERENCES:**

①

\_\_\_\_\_  
Business Name  
  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Merchandise Sold  
  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Account #  
  
\_\_\_\_\_  
Fax Number

②

\_\_\_\_\_  
Business Name  
  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Merchandise Sold  
  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Account #  
  
\_\_\_\_\_  
Fax Number

③

\_\_\_\_\_  
Business Name  
  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Merchandise Sold  
  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Account #  
  
\_\_\_\_\_  
Fax Number

④

\_\_\_\_\_  
Business Name  
  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Merchandise Sold  
  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Account #  
  
\_\_\_\_\_  
Fax Number

**CREDIT TERMS AND CONDITIONS:**

A credit limit of \$\_\_\_\_\_ has been requested. It is understood that if this credit application is approved, payments to the account must be made in accordance with the terms stated on the customer's invoices. No discounts may be taken if the account falls past due, and any amount past due beyond the stated terms will be subject to a delinquent charge that will be determined by applying a periodic rate of 2% per month (Annual Percentage Rate of 24%) to the amount past due. Applicant(s) authorize Arett Sales to obtain credit and financial information concerning them at any time and from any source. I /We hereby grant Arett Sales a security interest in any products purchased from Arett Sales. In the event goods are returned for default payment, I agree to pay a 20% restocking charge. Arett Sales extends credit as a privilege and has the right to revoke credit and change terms at Arett Sales discretion. I understand that any claim for incorrect pricing, short shipment, or damaged merchandise must be made within twenty (20) days of receipt of invoices. Arett Sales will not recognize claims made after this period. All terms and conditions of this application are subject to the laws of the state of New Jersey. Should it become necessary to place the account with a district court, collection agency or attorney, the applicant(s) agrees to pay all collection costs and attorney fees in addition to all other sums due. Account, if opened, will be under the name exactly as it appears on this application and will not apply to any other name including any affiliated or related firms. A new application for credit is required in the event of any change of name or ownership. The credit limit may be increased or decreased at the discretion of Arett Sales without written notice. The undersigned, individually, jointly and severally agree to guarantee and assume personal responsibility and liability for all debts of such entity for all past and future purchases from Arett Sales. Applicant(s) warrant that the above agreement has been carefully read and that applicant(s) understands completely. Applicant(s) also warrants that all information provided is true and correct.

①

\_\_\_\_\_  
Print Name - Owner  
  
\_\_\_\_\_  
Sign as Individual - NO TITLES  
  
\_\_\_\_\_  
Witness Signature

②

\_\_\_\_\_  
Print Name - Spouse  
  
\_\_\_\_\_  
Sign as Individual - NO TITLES  
  
\_\_\_\_\_  
Witness Signature

③

\_\_\_\_\_  
Print Name - Co-Guarantor  
  
\_\_\_\_\_  
Sign as Individual - NO TITLES  
  
\_\_\_\_\_  
Witness Signature

④

\_\_\_\_\_  
Print Name - Spouse  
  
\_\_\_\_\_  
Sign as Individual - NO TITLES  
  
\_\_\_\_\_  
Witness Signature

⑤

\_\_\_\_\_  
Accepted By

⑥

\_\_\_\_\_  
Date