

# CREDIT APPLICATION

Please check the location where you will be doing a majority of your business:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hawthorne NJ        | <input type="checkbox"/> Whippany NJ     | <input type="checkbox"/> Salisbury MD       |
| <input type="checkbox"/> Lakewood NJ         | <input type="checkbox"/> Norristown PA   | <input type="checkbox"/> Chantilly VA       |
| <input type="checkbox"/> Sewell NJ           | <input type="checkbox"/> Allentown PA    | <input type="checkbox"/> Charlottesville VA |
| <input type="checkbox"/> South Plainfield NJ | <input type="checkbox"/> New Castle DE   | <input type="checkbox"/> Fredericksburg VA  |
|  | <input type="checkbox"/> Millersville MD |   |

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Name:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ship to Address: (Please no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Business Fax # (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Do You Require a Purchase Order?**  Yes  No      **Taxable:**  Yes  No (If yes, please attached tax-exempt certificate)

**Who will be authorized to purchase materials on this account:** \_\_\_\_\_  
 \_\_\_\_\_

**Ownership:**  Sole Proprietorship  Partnership  Corporation      **Federal Tax Number** \_\_\_\_\_

**Full name of owner(s) or authorized officer(s) of corporation or partnership:**

Name	Address	Town	State	Zip Code	Home Phone	Cell Phone	Social Sec #
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

\* Any change in ownership must be reported within ten (10) business days.

Type of business \_\_\_\_\_ Date Started \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

**TRADE REFERENCES** (Please complete thoroughly to prevent delays)

Name	Account Number	Phone Number	Fax Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK REFERENCE**

Bank Name	Account Number	Phone Number	Contact
_____	_____	_____	_____
_____	_____	_____	_____

## JOINT PERSONAL GUARANTEE

Date \_\_\_\_\_ 20 \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_ his/her spouse, residing at \_\_\_\_\_

for and in consideration of your extending at our request credit to \_\_\_\_\_  
Name of your company

(hereinafter referred to as the "Company"), of which \_\_\_\_\_ is \_\_\_\_\_,  
Name Title

Hereby personally guarantee to you the payment of any obligation owed to Aquarius and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that the guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

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

Name: \_\_\_\_\_  
(Print name of person guaranteeing payment)

Signature \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Print name of person guaranteeing payment)

Signature \_\_\_\_\_

## OPEN ACCOUNT TERMS

Aquarius Supply, Inc. reserves the right to deny open account privileges, without prior notice, to accounts that are not in good credit standing. A 1.5% monthly service charge will accrue on any overdue balances; a balance will be considered to be overdue when not paid within payment terms. In the event any third parties are employed to collect any outstanding monies owed by said business/applicant, the undersigned agrees that the business/applicant will pay any and all collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

Aquarius Supply, Inc. makes no warranties or representations as to workmanship, performance, quality, or durability to these articles or any modification to these articles requested by the customer. The only warranties applying to any articles sold are those specifically provided by the manufacturer. Aquarius shall not be liable in contract, tort, or otherwise for injuries to persons or property for incidental, consequential, or commercial damages or any other damage.

By signing below on behalf of the business/applicant, the individual signing attests to the financial responsibility, ability and willingness of the business/applicant to pay any debt owed to Aquarius Supply Inc. ("Aquarius") in accordance with Aquarius' terms. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business/applicant identified. I/we also hereby expressly authorize Aquarius Supply Inc. to obtain, investigate and/or review my/our credit score. I/we also expressly authorize Aquarius to obtain, investigate and/or review my/our credit report(s), and/or to contact one or more credit reporting agencies to review my/our credit history as a precursor to Aquarius' decision whether or not to extend, renew, or limit credit. I/we expressly waive any claims against Aquarius or its agents arising from Aquarius' communications about and/or investigation of my/our credit, and/or Aquarius' decision to extend, limit, decline or cease credit.

It is understood and agreed by the parties that all disputes regarding credit for the sale of goods shall be litigated before the Superior Court of New Jersey, Passaic County.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Aquarius Supply Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Business Name: \_\_\_\_\_

By (Signature) \_\_\_\_\_ Officers Title: \_\_\_\_\_

**PLEASE MAIL ORIGINAL APPLICATION TO:**

1120 GOFFLE RD  
HAWTHORNE, NJ 07506-2024