

# SHORT HILLS PHARMACY

"SINCERELY AT YOUR SERVICE"

40 CHATHAM ROAD, SHORT HILLS, NEW JERSEY 07078. | TEL. 973.379.3780 | FAX 973.379.4967

## APPLICATION FOR CHARGE ACCOUNT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME FIRST NAME M.I. DATE OF BIRTH SOCIAL SECURITY #

\_\_\_\_\_  
HOME ADDRESS City State Zip

TEL. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DO YOU OWN OR RENT: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME (SPOUSE) FIRST NAME M.I. DATE OF BIRTH SOCIAL SECURITY #

### EMPLOYMENT INFORMATION

\_\_\_\_\_  
NAME, ADDRESS & TELEPHONE NUMBER OF APPLICANT'S EMPLOYER. PLEASE LIST POSITION.

\_\_\_\_\_  
NAME, ADDRESS & TELEPHONE NUMBER OF SPOUSE'S EMPLOYER. PLEASE LIST POSITION.

List other income. \*\*\* Alimony and/or child support need to be listed if you wish it to be considered for credit purposes.

\_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAJOR CREDIT CARD: **Type** \_\_\_\_\_ **Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

A. CHECKING ACCOUNT #: \_\_\_\_\_ BANK & ADD: \_\_\_\_\_

B. SAVINGS ACCOUNT #: \_\_\_\_\_ BANK & ADD: \_\_\_\_\_

I certify that the information provided above to open an account is true and correct. I understand that no promises to open an account have been made. I by signing below authorize the investigation of any information furnished above along with the release of my personal credit reports for review by Short Hills Pharmacy, their agents or successors. I understand that payment is due within 30 days on any forwarded bill. I understand that in the event of any delinquency I shall be required to pay the outstanding balance plus any interest or account service charge (currently 1.5% per month or \$10.00, whichever is greater). Furthermore, should this account go to collection, I understand that I am responsible for collection costs, court costs, and attorney fees associated with the collection of the account. Before signing this application I have had ample time to consult with an attorney.

\_\_\_\_\_  
Applicant (Consumer) Signature

DISPOSITION: Accept - Date \_\_\_\_\_ Reject - Date \_\_\_\_\_ REASONS \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant income derives from a public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.