

APPLICATION FOR CREDIT



15035 CALIFA ST.
VAN NUYS CALIF. 91411
PHONE (818) 785-4151
FAX (818) 785-3719

FOR GENIE USE ONLY:

CREDIT APPROVED

ACCT# _____

CREDIT LIMIT \$ _____

CREDIT REFUSED

Please print this form, fill it out, then fax it to us! We must have a signature

BUSINESS NAME _____

STREET ADDRESS _____

P.O. BOX _____ P.O. BOX ZIP _____ EMAIL _____ WEBSITE ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

TYPE OF BUSINESS _____ DATE ESTABLISHED _____

OWNERSHIP - CHECK ONE BELOW

THIS BUSINESS IS A CORPORATION (IF CHECKED, GIVE NAMES OF CORPORATE OFFICERS)

NAME _____ TITLE _____

NAME _____ TITLE _____

FED ID# _____

THIS BUSINESS IS A SOLE PROPRIETORSHIP (IF CHECKED, FILL OUT THE INFORMATION BELOW)

OWNERS NAME _____ SSN _____

STREET ADDRESS _____ CONTRACTOR LICENCE# _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

THIS BUSINESS IS A PARTNERSHIP (IF CHECKED, FILL OUT THE INFORMATION BELOW)

OWNERS NAME _____ SSN _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

OWNERS NAME _____ SSN _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

IF BILLS ARE PAID BY A PARENT COMPANY, FILL IN THE INFORMATION BELOW

PARENT COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

BANK REFERENCES

SAVINGS NAME _____ ACCT# _____

CHECKING BRANCH _____

LOAN STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

SAVINGS NAME _____ ACCT# _____

CHECKING BRANCH _____

LOAN STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

COMMERCIAL TRADE REFERENCES: GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT. REFERENCES WILL NOT BE CONSIDERED VALID UNLESS FULL NAMES AND ADDRESSES ARE INCLUDED. PLEASE LIST A MINIMUM OF THREE.

1. NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

2. NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

3. NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

4. NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

I authorize Genie Air Conditioning Inc. to obtain information about my accounts from the above listed banks and creditors.

Name _____ Signature _____

AMOUNT OF CREDIT DESIRED MONTHLY \$ _____

RESALE PERMIT # _____

To be sales tax exempt, you must also fill out a resale card. You can find one online at: <http://www.airconditioner.com/resale.htm>

PURCHASE ORDER REQUIRED? YES NO

BILLING INSTRUCTIONS _____

SHOULD GENIE AIR APPROVE THIS APPLICATION, I/WE AGREE TO PAY FOR GOODS PURCHASED WITHIN 30 (THIRTY) DAYS OF INVOICE DATE. GENIE AIR IS AUTHORIZED TO RUN A CREDIT REPORT AND TO CONTACT ANY REFERENCES OR BANKS LISTED ABOVE. IT IS UNDERSTOOD THAT ANY INFORMATION OBTAINED WILL BE USED SOLELY FOR GRANTING CREDIT. SERVICE CHARGES AT THE HIGHEST RATE PERMITTED BY STATE LAW WILL BE APPLIED TO PAST DUE ACCOUNTS. SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, LEGAL PROCEEDINGS, OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS FEES. IF THERE IS A LAWSUIT, CREDITOR AGREES TO SUBMIT TO THE JURISDICTION OF LOS ANGELES COUNTY, CITY OF VAN NUYS, STATE OF CALIFORNIA.

BUSINESS NAME _____

STREET ADDRESS _____

P.O. BOX _____ P.O. BOX ZIP _____ EMAIL _____ URL _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

DATE _____

SIGNATURE _____

TITLE _____

AUTHORIZED BUYER/ CO. OFFICER/ PARTNER

Individual Personal Guarantee

I, _____

RESIDING AT _____ FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT TO

_____ (NAME OF COMPANY) (HEREIN AFTER REFERRED TO AS THE "COMPANY ") OF WHICH I AM _____ (TITLE)

HEREBY PERSONALLY GUARANTEE PAYMENT TO GENIE AIR CONDITIONING & HEATING INC. IN THE STATE OF CALIFORNIA FOR ANY OBLIGATION OF THE COMPANY. I HEREBY AGREE TO BIND MYSELF TO PAY GENIE AIR CONDITIONING ON DEMAND ANY SUM WHICH MAY BE DUE BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME . IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I HEREBY WAIVE NOTICE OF DEFAULT, NON-PAYMENT AND NOTICE THEREOF, AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREIN GUARANTEED.

Witness _____

Guarantor _____

Signature _____

Signature _____

Address _____