

## APPLICATION FOR CREDIT



**GENIE**  
Air Conditioning & Heating Inc.

15041 Calvert 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# \_\_\_\_\_ STATE \_\_\_\_\_ CORPORATE # \_\_\_\_\_

☐ **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 \$

\*To be sales exempt, you must also fill out a resale card.

You can find one online at: <http://www.airconditioner.com/resale.htm>

RESALE PERMIT # \_\_\_\_\_

PURCHASE ORDER REQUIRED? YES \_\_\_\_ NO \_\_\_\_

ACCOUNTS PAYABLE CONTACT : NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

**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 \_\_\_\_\_