

# APPLICATION FOR CREDIT



15041 CALVERT ST.  
VAN NUYS, CA 91411  
PHONE (818) 785-4151  
FAX (818) 785-3719

## FOR GENIE USE ONLY:

CREDIT APPROVED

ACCT# \_\_\_\_\_

CREDIT LIMIT \$ \_\_\_\_\_

CREDIT REFUSED

**\*Please fill all fields, then print, sign and fax/email it to us! We must have a physical signature\***

BUSINESS NAME	_____		
STREET ADDRESS	_____		
P.O. BOX	_____	P.O. BOX ZIP	_____
CITY	_____	STATE	_____
		ZIP	_____
PHONE #	_____	FAX #	_____
EMAIL	_____	WEBSITE	_____
TYPE OF BUSINESS	_____		
DATE ESTABLISHED (MM/DD/YYYY)	____ / ____ / ____		

## OWNERSHIP (CHECK ONE BELOW)

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

NAME	_____	TITLE	_____
NAME	_____	TITLE	_____
FED ID #	_____	STATE INCORPORATED IN	_____
		CORPORATION #	_____

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

OWNERS NAME	<input type="text"/>	SSN # (** - ** - **)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
PHONE #	<input type="text"/>	FAX #	<input type="text"/>	CONTRACTOR LICENCE #	<input type="text"/>		
STREET ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>

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

OWNERS NAME	<input type="text"/>	SSN # (** - ** - **)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
PHONE #	<input type="text"/>	FAX #	<input type="text"/>	CONTRACTOR LICENCE #	<input type="text"/>		
STREET ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>

OWNERS NAME	<input type="text"/>	SSN # (** - ** - **)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
PHONE #	<input type="text"/>	FAX #	<input type="text"/>	CONTRACTOR LICENCE #	<input type="text"/>		
STREET ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>

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

PARENT COMPANY	<input type="text"/>						
STREET ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
PHONE #	<input type="text"/>			FAX #	<input type="text"/>		

## BANK REFERENCES

SAVINGS     CHECKING     LOAN

NAME  ACCT#

BRANCH  PHONE #  FAX #

STREET ADDRESS  CITY  STATE  ZIP

SAVINGS     CHECKING     LOAN

NAME  ACCT#

BRANCH  PHONE #  FAX #

STREET ADDRESS  CITY  STATE  ZIP

## 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 (3) REFERENCES.

### REFERENCE #1

NAME

STREET ADDRESS

CITY  STATE  ZIP

PHONE #  FAX #

REFERENCE #2

NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE #

FAX #

REFERENCE #3

NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE #

FAX #

REFERENCE #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

## REQUIRED AUTHORIZATION SIGNATURE BELOW

AMOUNT OF CREDIT DESIRED MONTHLY \$  .

RESALE PERMIT #

[CLICK HERE TO FILL OUT RESALE FORM](#)

PURCHASE ORDER REQUIRED?  YES  NO

### ACCOUNTS PAYABLE CONTACT:

NAME

EMAIL

PHONE

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 PASTDUE 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

CITY

STATE

ZIP

PHONE #

FAX #

EMAIL

WEBSITE

DATE (MM/DD/YYYY)  /  /

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 TO BIND MYSELF TO PAY GENIE AIR CONDITIONING ON DEMAND ANY SUM WHICH AGREE 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 \_\_\_\_\_