



**2426 AUTO PARK WAY
ESCONDIDO CA 92029
760-317-5606**

**3205 F ST
SAN DIEGO CA 92102
619-234-7481**

Application For Credit

1. COMPANY INFORMATION

Full Legal Name/Business Entity Contracting License # Phone Number Fax Number

Billing Address City State Zip

Company Type: Email:
 Proprietorship Partnership Franchisee Corporation Other

2. BUSINESS CREDIT INFORMATION

Federal Tax I.D. (if incorporated) Principal business of firm Year business established

At present location since Is business incorporated? Inc.. under laws of what state?

Credit line requested (USD) Are you TAX EXEMPT?(If yes, plus provide an exemption certificate) Is a PO REQUIRED? (Yes or No)

3. BANK REFERENCES

Bank Name Account # Contact

Address City State Zip Phone

4. CREDIT REFERENCES

Company Name Contact Account #

Address City State Zip Phone

Company Name Contact Account #

Address City State Zip Phone

Company Name Contact Account #

Address City State Zip Phone

1. Proprietor Guaranty / Authorization

By signing this Application, I authorize National Ventilating, to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize National Ventilating to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with National Ventilating and the marketing of other products and services to me and my business by National Ventilating. I further authorize National Ventilating to share the information received from my consumer credit report with National Ventilating parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency the furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to National Ventilating required by, the agreement of which this Application is a part.

First Name Initial Last Name Social Security Number Driver's License
Number & State

Present Home Address Home Phone Number Date of Birth

City State Zip

Authorized Signature Date

IN COMPLETING THIS APPLICATION FOR CREDIT, WE HEARBY AGREE THAT ALL AMOUNTS ARE PAYABLE ON OR BEFORE THE TERM DATE REFLECTED ON THE INVOICE. IF THE INVOICE IS NOT PAID ON THE SAID DATE, THE INVOICE WILL BE VIEWED AS DELINQUENT. FURTHER WE AGREE TO PAY A DELINQUENCY FEE OF 1.5% PER MONTH ON ANY AMOUNT WHICH IS PAST DUE MORE THAN 30 DAYS FROM THE TERM DATE UNTIL PAID.

PURCHASE ORDERS WILL BE ACCEPTED AS LONG AS NO TERMS OTHER THAN THOSE SET FORTH BY THE MODERN GROUP ARE INCLUDED ON THE PURCHASE ORDER.
ALL RETURNED CHECKS WILL BE CHARGED A NSF FEE. THE NSF FEE WILL BE THE MAXIMUM AMOUNT ALLOWED BY THE STATE IN WHICH THE CHECK IS PAID. AFTER WHICH YOUR ACCOUNT MAY BE PLACED ON A "CASH ONLY" BASIS.

IF CREDIT IS GRANTED, WE THE UNDERSIGNED AGREE TO THE TERMS SET FORTH ABOVE. WE HEREBY PERSONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS TO THE MODERN GROUP UNTIL WITHDRAWN BY CERTIFIED MAIL. WE RECOGNIZE THAT THE CREDIT LINE MAY INCREASE OR DECREASE AT THE DISCRETION OF THE MODERN GROUP, LTD AT ANY TIME. I FURTHER AGREE THAT SHOULD THE ACCOUNT BE PLACED FOR COLLECTION DUE TO NON-PAYMENT, I WILL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY / COLLECTION FEES.
ALL DEBTS DUE TO NATIONAL VENTILATING ARE PAYABLE TOTHE ADDRESS ON THE FRONT OF THE CREDIT APPLICATION

SIGNED _____

SIGNED _____

DATE _____

WITNESS _____

For Office Use Only
O Approved O Declined
Credit Limit \$ _____

Approval Date

Once completed, please fax to 619-234-4906.
Do you have questions regarding the application?
Please contact:
Ben Barazandeh at 1-619-234-7481
Ben@nationalvent.com