SAC VAL PLUMBING
Division of United Valley Inc.
Contractor's Lic. #663804

APPLICATION FOR OPEN CREDIT ACCOUNT

8121 Industrial Pkwy #9
Sacramento, CA 95824
(916) 452-9687

Contact Information

Company Name			
Street Address	City	State	ZIP
Billing Address (where to send invoices)	City	State	ZIP
Phone #	FAX		No of Employees

AUTHORIZED BUYERS: (attach separate sheet if necessary)

Name	Title	Cell	Email
Name	Title	Cell	Email
Name	Title	Cell	Email

Business Ownership

Business Classification	Incorporation ☐	Proprietorship ☐	LLC ☐		Tax ID #
	Partnership ☐	Government ☐	LLP ☐		
Date Established		If Incorporated, Date of Inc.			State of Inc.

PRINCIPLE OWNERS, OFFICERS AND PARTNERS:

Name		Title		Phone #
Address	City	State	ZIP	Social Security #
Name		Title		Phone #
Address	City	State	ZIP	Social Security #

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

Name	Phone #		
			FAX
Address	City	State	ZIP
Name	Phone #		
			FAX
Address	City	State	ZIP
Name	Phone #		
			FAX
Address	City	State	ZIP

Credit Agreement

Amount of Credit Desired Monthly	$	Purchase Order Required?	Yes ☐	No ☐

BILLS ARE PAID BY

Company	Phone #	Email

Address	City	State	ZIP

Billing Instructions

We herein make application to Sac Val Plumbing for credit and/or to update and reconfirm our existing account and balance with Sac Val Plumbing.

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. We authorize Sac Val Plumbing to contact any references listed above and pull credit reports.

Principle Owner/Officer/Partner Signature Dated

Printed Name Title