ACCOUNT UPDATE FORM

Please complete all five sections below and submit to Sac Val Plumbing by mail, fax or email. Attach additional pages or information as needed. We thank you in advance for helping to keep our customer records accurate and up to date.

1 SITE INFORMATION

PROPERTY NAME		
ADDRESS	CITY	ZIP CODE
WEBSITE	OFFICE PHONE	FAX
AFTER HOURS EMERGENCY CONTACT		CELL PHONE

2 CONTACT INFORMATION

NAME OF CONTACT	TITLE	
EMAIL	PHONE	CELL PHONE
NAME OF CONTACT	TITLE	
EMAIL	PHONE	CELL PHONE

3 PROPERTY MANAGEMENT COMPANY

NAME OF COMPANY	OFFICE PHONE	FAX
ADDRESS	CITY	ZIP CODE
NAME OF PROPERTY MANAGER/AUTHORIZED BUYER	PHONE/EMAIL	

4 BILLING INFORMATION

BILL INVOICE TO: ☐ Property site ☐ Property management company ☐ Both ☐ Other

BILLING NAME/ADDRESS		
BILLING EMAIL		BILLING FAX
PREFERRED BILLING METHOD: ☐ MAIL ☐ EMAIL ☐ FAX		
ACCOUNTING CONTACT NAME	PHONE/EMAIL	

5 SIGNATURE

The signature below acknowledges and authorizes Sac Val Plumbing to update your existing account and billing information. All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days.

Account Holder Signature **Date**

Sac Val Plumbing | 8121 Industrial Pkwy #9 | Sacramento, CA 95824
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