



CORRESPONDENCE

P.O. Box 12024
Fresno, CA 93776-2024
800.331.4766

FRESNO

3114 South Cherry Avenue
Fresno, CA, 93706

VACAVILLE

797 Elmira Road
Vacaville, CA 95687

EMAIL: creditapp@valleyiron.com - or - FAX: Credit Dept » 559.441.1961

www.valleyiron.com

Full Company Name:

Tel:

Individual

Type of Business:

Date Est:

Fax:

Partnership

Contractor's License #

Email:

Corporation

LLC

Mailing Address:

Have you ever filed for bankruptcy? Y N

If yes, date:

Names of Principal(s)

Include SS#, home address, phone:

Shipping Address:

Bank Name & Branch:

Account #

Trade References (current suppliers): **at least 3**

Name:

Address:

Phone & Email Address:

Purchase Order Numbers Required

Account Status: Taxable

Resale

Anticipated Monthly Credit \$

State Resale Permit #

[Attach a completed and signed Ag Exemption Form](#)

[Attach a completed and signed Resale Certificate](#)

TERMS: NET 30 DAYS FROM DATE OF INVOICE. Invoices will be e-mailed, faxed or mailed. Statements will be e-mailed, faxed or mailed on the first of each month and will reflect all charges and/or credits for the previous 30 days.

PAST DUE INVOICES will be subject to a finance charge not to exceed the maximum legal rate. Finance charges will appear on the monthly statement and I/we agree that the finance charges become part of the balance due VALLEY IRON INC. Should it become necessary to place this account for collection, I/we agree to pay the account balance plus all attorney fees and/or collection charges.

I/We certify that the information provided is true and correct, and hereby authorize any person or institution to furnish VALLEY IRON INC. with any information requested in connection with this application. Merchandise is not returnable unless approved by Seller. An emailed/faxed copy of this credit application will be considered the original.

UNLESS SPECIFIC ARRANGEMENTS ARE MADE IN ADVANCE, THESE CONDITIONS APPLY TO ALL ACCOUNTS.

Name:

Signature:

Title:

Date: