

BILL HOWE PLUMBING, Inc.

Heating & Air Conditioning

1364 Morena Blvd., Suite A San Diego, CA 92110

PHONE: 1-800-BILL-HOWE

FAX 619-276-5022 E-MAIL: pmwo@billhowe.com

CALIFORNIA STATE LICENSE No. 488413 / No. 906704

Thank you for your consideration in opening an account with Bill Howe Plumbing Heating & Air Conditioning, Inc., San Diego's low cost plumber since 1982! Before completing and returning the application, please take the time to read through our terms and policies concerning your account. Please make sure to fill out all the areas of the attached application, especially:

- Contact numbers, with area codes and any extensions necessary.
- List anyone authorized to call in service work and charge to the account, along with any monetary limit they may have. ****Please note that this can only be monitored during normal office hours Monday through Friday, 7:30am to 5:00pm (excluding holidays). Our answering service and technicians are not privy to your confidential information after hours.**
- When calling in after hours emergencies, please ask your representatives and those authorized to call in service work to provide our answering service and technicians with as much information as possible. Information should include: the account billing name, the job address, the scope of work, the contact numbers and any purchase order numbers needed, if applicable. Your emergencies are our top priority and the correct information will make all emergency situations much easier for all of those involved.
- A credit card, to be held as a guarantee of payment. If a credit card is not provided, a credit limit will be set for the account. The limit will be established at the discretion of management.
- Correct billing information, including address and any "Attn" to information.
- Please include an additional sheet of paper if you have further information that you would like to provide us with.
- **If Bill Howe Plumbing Heating & Air, Inc. (BHPH&A) does not receive the amount of your account balance within the 30 days of the applicable invoice, an additional 1.5% per month of the amount outstanding may be added to your invoice as a late charge. You will be liable for all attorney and collection fees arising out of BHPH&A, Inc. efforts to collect any unpaid balance of your account. If you believe that a billing discrepancy has occurred, please notify BHPH&A, Inc. within 30 days after the date of the relevant account statement or such amounts will be deemed to have been accepted by you.**

When you choose to do your major plumbing jobs with Bill Howe Plumbing Heating & Air Conditioning, Inc., we want to make you aware that we file preliminary lien notices on all jobs over \$2,000.00. ****This is not a reflection of your credit or payment history and no lien will be filed unless payment is not received in accordance with our policies. This practice is only a means to protect ourselves and ensure your rates remain low.** Please call us with any questions regarding this policy.

To accept these terms and conditions, please sign and date in the area provided below and return this page with your completed credit application. We look forward to serving all of your plumbing, heating and air conditioning needs.

I agree to all the terms stated above: _____

Signature

_____ Date

BILL HOWE PLUMBING

CREDIT APPLICATION

P.O. Box 90989
 San Diego, CA 92169-2089
 Phone (619) 286-6348
 Fax (619) 276-5022
 e-mail: askhowe@billhowe.com
 CA State License No. 488413/No. 906704

Dear Sir or Madam:

Please complete all items in full and return to us as soon as possible to verify your account. Use an additional sheet of paper if necessary.

Contact Information		Billing Information			
Contact Name		AP Contact Name			
Company Name		Company Name			
Address		Address			
Phone		Phone			
Fax		Fax			
E-mail		E-mail			
General Company Information					
Federal Tax ID No.		Principal Officer			
In Business Since		Title			
Legal Structure (check all that apply)	<input type="checkbox"/> Corporation <input type="checkbox"/> LL <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Non-Prof				
Business Type					
Bank References					
Bank Name		Bank Acct#/Type			
Bank Address		Bank City/State/Zip			
Bank Contact		Bank Contact			
VISA, M/C, AMEX, or Disc. Credit Card No.		Exp. Date			Security Code
Trade References					
Company	Contact	Street	City	State	Phone
1.					
2.					
People who can Authorize work		Job Site		Maximum Amount Authorized	
Signature & Authorization					
The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize Bill Howe Plumbing to contact the above references to determine credit worthiness.					
Signature		Date			
Print Name		Business Title			