



BC Fasteners & Tools Ltd

Kelowna • Vernon • Penticton • Kamloops

*** Email Application to ar@bcfasteners.com or Fax to 250 868 9223 – Attention AR ***

All new accounts can choose between:

- 1) COD – Payment required at time of purchase
- 2) First of the month – Purchases will be accumulated throughout the month & payment will be charged to the credit card on file on the 1st business of the following month.

Credit Application

COD 1st of the month billing

Business Name _____

Years in Business _____ Purchase Order Required Yes No PST# (if exempt) _____

Billing Address _____ City _____ Prov ____ Postal Code _____

Phone _____ Cell _____ Fax _____ Email _____

Ship to Address (if different than above): _____

City _____ Prov ____ Postal Code _____

Principle Contacts

Name _____ Title _____ P _____ Email _____

Name _____ Title _____ P _____ Email _____

Accounts Payable Name _____ P _____ Email _____

Purchaser Name _____ P _____ Email _____

Credit References **Required for 1st of the month billing**

1. _____ P _____ Fax _____

2. _____ P _____ Fax _____

3. _____ P _____ Fax _____

Name of Company Bank Branch _____ Bank Line of Credit _____

Bank Contact _____ P _____

Ever filed for Bankruptcy Yes No Date of Bankruptcy _____

Credit Terms: I/We request you to extend credit to the undersigned and I/We jointly and severally agree to pay to your usual terms of sales. If the account should become past due, a service charge may be charged to out account at the rate of 2% per month on the overdue balance.

Signed _____

Date _____