*** Email Application to ar@bcfasteners.com – Attention AR ***

Account Application

usiness Name:				_Industry:	
ars in Business:	Purchase Order	er Required: 🗆 Yes 🗆 No		PST# (if exempt):	
ing Address:		City:		Prov.:	Postal Code:
one:	Cell:	Email:			
p to Address (if differe	ent than above):				
		City:		Prov:	Postal Code:_
nciple Contacts / Auth	norized Signatory				
me:	Position:	P:	Email:		
me:	Position:	P:	Email:_		
counts Payable - Name	e:	P:	Email:_		
imary Purchaser - Name:		P:	Email:_		
(***Plea	se advise of additional	purchasers and/or	contacts by e	mail or atta	achment***)
dit References **Req	uired for 1 st of the mor	nth billing**			
1.		P:	E	Email:	
2		P:	E	Email:	
3		P:	E	Email:	
me of Company Bank I	Branch:		Bank L	ine of Cred	it:

Date _____

Authorized Signatory _____