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

Account Application

Legal Business Name:				○ Sole Proprietor○ Partnership
Trade name (if applicable):			Corporation
Years in Business:	PST# (if exempt): Nature of		Nature of B	usiness:
Billing Address:		City:	Prov.:	Postal Code:
Phone:		Email:		
I would like to red Email:	ceive exclusive information	regarding special ev	ents, in-store promo	tions, and monthly flyers.
Company Contact Infor	mation			
Ship To Address:		City:	Prov.:	Postal Code:
Ship To Contact:	Phone #	t:	Email:	
Name:	Position:	Phone#:	Email:	
Name:	Position:	Phone#:	Email:	
Name:	Position:	Phone#:	Email:	
Name:	Position:	Phone#:	Email:	
	ase advise of additional pur		acts by email or atta:	chment***
Authorized Signatory Nan	ne:	Title:		
Signature:		Date:		
	C	Office Use Only		
Date:	Account #:			