

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

Credit Application

BCF Account #						
Legal Business Name:					 Sole Proprietor Partnership 	
Trade name (if applicable	2):				Corporation	
Years in Business: PST# (if exempt):				Nature of Business:		
Billing Address:			City:	Prov.:	Postal Code:	
Phone:			Email:			
Accounts Payable - Nam	e:		Phone #:	Email:		
Purchase Order Required	l: 🗆 Yes 🗆 No					
Ship To Address:			City:	Prov.:	Postal Code:	
Ship To Contact:		Phone #:		Email:		
Primary Purchaser - Nan	ne:		Phone#:	Email:		
Name:	Position:		Phone#:	Email:		
Name:	Position:		Phone#:	Email:		
Please	e advise of additio	onal ship-to ad	ldresses and/o	contacts by email or a	ttachment	
$\bigcap_{\text{Email:}}^{\text{I would like to re}}$	ceive exclusive in	formation reg	arding special	events, in-store promo	tions, and monthly flyers.	
Credit References **Re	equired**					
1.)			P#:	Email:		
2.)			P#:	Email:		
3.)			P#:	Email:		
Name of Company Bank Branch:				Bank Line of	Credit:	
Ever filed for Bankruptcy	: 🗆 Yes 🗆 No	If Yes, Date	of Bankruptcy:			
Account Terms: I/We rec usual terms of sales. If th 2% per month on the ove	e account should	nd credit to the become past	e undersigned due, a service	and I/We jointly and se charge may be charged	everally agree to pay to your to our account at the rate of	
Authorized Signatory Na	me:		Title	:		
Signature:			Dat	e:		