

Bolt & Nut Supply Ltd.

CREDIT APPLICATION

Date: _____

Accounting Department
Tel: 519-623-5977
Fax: 519-623-2895

Company Name: _____

Billing Address	Shipping Address
_____	_____
_____	_____
_____	_____

Phone (____) _____	Buyer _____
Fax (____) _____	A/P Contact _____
Buyer Email _____	A/P Email _____

We hereby authorize Bolt and Nut Supply Ltd to obtain credit information on our Company. **Signature required to process.** [Provision of email gives Bolt and Nut Supply Ltd permission to send invoices and promotional material via email.](#)

Signature _____ Name _____

Please complete address and contact information.

Pres./Owner _____

Phone (____) _____ Fax (____) _____

Bank _____

Phone (____) _____ Fax (____) _____

References 1) _____

Phone (____) _____ Fax (____) _____

2) _____

Phone (____) _____ Fax (____) _____

Business type (Circle) Mfg. / Wholesale / Retail / Service / Govt.

Product/Service _____

No. of Employees _____ Years in Business _____

Estimate of purchases per month _____

Credit limit requested _____

How did you hear about us?(Circle) Trade show / Word of mouth /
Sales Rep / Advertisement / Phone book / Signs / Supplier