



BOLTS Plus +

Select A Home Branch:

Credit accounts are valid at all locations. Home branch is for tracking purposes.

Credit Application

Company Name _____

Billing Address _____ **Shipping Address** _____

City / Town _____ **City / Town** _____

Postal / Zip Code _____ **Postal / Zip Code** _____

Phone _____

***Please state the email address or fax number you would like your invoices sent to**
* _____

Accounts Payables Contact _____ **Phone Number** _____
(if different from above)

Accounts Payables Fax No. _____

Purchasing Contact _____ **Phone Number** _____
(if different from above)

HST (Canada) _____

Years in Business _____ **FED ID (USA)** _____

***Is there a Purchase Order required for every purchase** Yes No

Bank Reference

Name _____

Address _____

Phone _____ **Fax** _____

Account# _____ **Contact** _____

Trade References

Name _____

Address _____

Phone _____ **Fax** _____

Name _____

Address _____

Phone _____ **Fax** _____

Would you like an account for our Online Store? Yes No

HOW DID YOU HEAR ABOUT BOLTS PLUS ? _____

I / We hereby apply to BOLTS Plus Incorporated for the purpose of obtaining credit and in doing so, the undersigned hereby authorizes all references listed above, or any credit bureau to release credit information.

Signature _____ **Date** _____

Submit Via Email: accounting@boltsplus.ca, fax to 905-857-4493, or in person at any Bolts Plus location