



#108, 1222 Brier Park Rd. N.W
 Medicine Hat, Alberta T1C0B7

Confidential Credit Application Form
 Tel: (403)528-4898 Fax: (403) 526-8283

Legal Name: _____ Trade Name (if different) _____

Mailing Address _____ Shipping Address _____

City _____ Province _____ Postal Code _____ City _____ Province _____ Postal Code _____

Phone # _____ Fax # _____

Purchaser Contact _____ Email _____

Accounts Payable Contact _____ Phone # _____

Fax # _____ Email _____

Type of Business? _____ Estimated Monthly Credit Required \$ _____

Require PO#? Yes or No Statement Required? Yes or No Receive Statements via: Email / Fax

Name of President/Principals _____

Proprietorship _____ Partnership _____ Corporation/Ltd. _____ Other _____ Number of years in business _____

Bank Information: Bank Name _____ Branch _____

Phone Number _____

Provincial Sales Tax Exemption Certificate Number _____ G.S.T Number _____

Local Trade References	Phone Number	Fax Number
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

In consideration of The Bolt Guys Wholesale Ltd. granting credit to me/us on the purchase of merchandise I/we agree to be bound by the following terms, and I hereby certify that the information contained above is true and correct. **Payment in full for all purchases is due 30 days from date of invoice.** I authorize The Bolt Guys Wholesale Ltd. to contact our bank and trade references at any time. I understand that it is my responsibility to insure that all financial obligations to The Bolt Guys Wholesale Ltd. are met.

This Application must be signed by the owner or authorized manager of the company.

Completed by: _____ Date _____

Signed _____ Name _____ Title _____

An authorized signature must be provided for an account to be opened with The Bolt Guys Wholesale Ltd.

