

York Bolt, Inc. 432 Hampton Highway Yorktown, VA 23693 757-867-8666 phone 757-867-9268 fax

sales@yorkbolt.com

Firm Name:							Date:	
Business Address:							Phone:	
							Fax:	
Accts Payable Contact:								
Type of Business:								
What year was your business								
Will your purchases be tax exempt?		If yes, please attac				form		
Ownership:	Sole	Partnership	Corporation					
Check box:								
If Corporation please list the f	ollowing:			_				
Corporate President:								
Corporate Vice President:								
Treasurer:								
Secretary:								
Amount of credit requested p	er month:							
Trade References:		This application cannot be processed without the phone numbers						
(Must have five)		email address,point of contact and addresses						
1.)								
-								
2.)								
3.)								
_								
4.)								
5.)								
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Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with our terms. An officer of								
the company must sign this application. Applicant agrees to pay reasonable attorney's fees plus interest in case of default in payments								
		in complian	ce with our term	ns. Our terms	our 1% 10th I	Net 30 Prox.		
Printed Name:					Signature:			
Title:					Date:			
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