



# Credit Application

## Company Information

Legal Company Name:			
Full Address:			
City:	Province:	Postal Code:	
Mailing/Courier Address - Same As Above <input type="checkbox"/>		or	
Phone:		Fax:	
Form of Business:	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Number of Years in Business:		Number of Employees:	
Business No:		Credit Amount Required: \$	

## Billing Information

Accounts Payable Contact:	Phone:	Ext #:	
Preferred Invoicing Method:	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Mail <input type="checkbox"/>
Email (Fax or Address if applicable):			

## Principal Officers

1) Name:
Title:
2) Name:
Title:

## Credit Information Bank

Bank:	Address:
Phone:	Account Manager:

## Credit Information Suppliers

1) Company Name:	
Contact:	Phone:
Email Address (or Fax):	
2) Company Name:	
Contact:	Phone:
Email Address (or Fax):	
3) Company Name:	
Contact:	Phone:
Email Address (or Fax):	

I/we certify that the above information is true and correct, and I authorize the above references to release credit information as required.

Date:  
Position/Title:  
Print Name:  
Signature:

Please return form via email ([accountsreceivable@belroc.com](mailto:accountsreceivable@belroc.com)) or fax (613-546-9439)