

CREDIT APPLICATION



COMPANY INFORMATION

Legal Company Name

FULL ADDRESS

Street Name

City

Province

Postal Code

Is mailing / Courier Address - Same as above Yes No

Please supply mailing address if different from address above

Street Name

City

Province

Postal Code

Business Information

Phone No.

Email.

Fax No.

Business Number.

No of Employees

Years in Business

Credit Amount
Required

Type of Business Individual Partnership Corporation

\$

COMPANY INFORMATION

Accounts Payable Contact

Phone No.

Email.

Ext.

Preferred Invoicing Method

Email

Fax

Mail

PRINCIPLE OFFERS

Name

Title

Name

Title

Name

Title

CREDIT APPLICATION



CREDIT INFORMATION - BANK

CREDIT INFORMATION - SUPPLIERS

CREDIT APPLICATION



AGREEMENT

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

Name

Position / Title

Date

Print Name

Signature

Please return form to accountsreceivable@belroc.com
or fax to 613 546 9439

KINGSTON

95 Binnington Court
Kingston, ON. K7M 8R7

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customerservice@belroc.com

TORONTO

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Toronto, ON. M5G 2H6

belroc.com



3DX DEFINES THE PRECISE NEED, DIRECTS THE APPROPRIATE STRATEGY AND DELIVERS A SEAMLESS RESULT