

# BelKraft

Group of Companies  
*Your Health is Our Business*

634 Chenier Way  
Ottawa Ontario K4A 1R4  
[www.belkraft.com](http://www.belkraft.com)

## Dealer Application

### General Information

Company name:				
Contact:				
Address:				
Street:	City:	State/Province:	Zip/Postal Code:	Country:
Main phone:	Fax number:	Cell/other number:		
Email:		Website:		
Nature of business and product line:				

### Business Profile

Year established:	No. of employees:	Annual sales volume:
-------------------	-------------------	----------------------

### Legal Status (check applicable)

Proprietorship	Partnership		
Privately-held corporation	Publicly-held corporation		
Non-profit	Subsidiary		
LLC	Other		

### Billing Information

Payment method (PayPal, credit card, or other):				
Billing address (if different from above):				
Street:	City:	State:	Zip:	Country:

*Complete the following information for credit card to be kept on file*

Name on card		
CC Number:	Expiration date (MM/YY):	Security code:
Bank of account:	Account number:	
Banker contact:	Telephone:	

### Notes:

### Terms:

In consideration of dropshipping for BelKraft, I, \_\_\_\_\_, hereby personally guarantee BelKraft payment of any obligation of \_\_\_\_\_ I hereby agree to bind myself for payment of any unpaid debt, including financing charges, shipping and handling, collection costs, and/or attorney fees whenever the above applicant shall default. It is understood that this guarantee shall be continuing and irrevocable for indebtedness. I also acknowledge receipt of and agree to all "Terms and Conditions" of BelKraft.

Authorized signature

Title

Date