



# Belize Electricity Limited Supplier/Vendor Account Form

## Vendor Information

Supplier Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Supplier/Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Name & Number: \_\_\_\_\_

Town/City: \_\_\_\_\_

Country: \_\_\_\_\_

## Banking Information

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Code (if applicable): \_\_\_\_\_

ABA (if applicable): \_\_\_\_\_

Final Beneficiary Name: \_\_\_\_\_

Beneficiary Account No: \_\_\_\_\_

GST/Income Tax TIN No: \_\_\_\_\_

## Vendor's Authorization

Please sign below to confirm that you are authorizing Belize Electricity Limited to begin transferring payments for your invoices to the account mentioned above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Original signed and completed form is required. Electronic copy can be submitted to [payables@bel.com.bz](mailto:payables@bel.com.bz). All information provided will be kept strictly confidential.