



## Secured Services Form

Send completed form to: [D&RSecuredServicesRequest@dayandrossinc.ca](mailto:D&RSecuredServicesRequest@dayandrossinc.ca)

**V2.0**

Terminal: \_\_\_\_\_

Date: \_\_\_\_\_

Sales Person: \_\_\_\_\_

Sales Manager: \_\_\_\_\_

☐ New Account

☐ Web Rating

☐ Change

### Account Information

Account Number(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account Collector: \_\_\_\_\_

### Change in Contact Person

New Contact Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Comments: \_\_\_\_\_

### Additional Comments

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Forward to: Billing Administrator either via Fax (506) 375-5081 or e-mail:

[D&RSecuredServicesRequest@dayandrossinc.ca](mailto:D&RSecuredServicesRequest@dayandrossinc.ca)