

VENDOR SET-UP/MAINTENANCE

NON-PERSON VENDOR - (CORPORATION)

Check One: New Vendor Vendor Change

Requested By: Name: _____ Local: _____
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Legal Name of Company: _____

Cheques Payable to Name: _____

Phone Number: (____) _____ Email: _____

Fax Number: (____) _____

Address: _____ Mailing Address (if different): _____

Taxes Collected: GST _____ PST _____ None: _____

Contact Person: _____ Fax Number: (____) _____

Phone Number: (____) _____ Email: _____

Currency (check one): U.S. Canadian

PERSON VENDOR

Check One: New Vendor Vendor Change

Name: _____

Phone Number: (____) _____ Email: _____

Fax Number: (____) _____

Address: _____ Mailing Address (if different): _____

S.I.N. _____

Currency (check one): U.S. Canadian

Duplicate Check <input type="checkbox"/>	Approved for Entry by: _____
Employee <input type="checkbox"/>	