



REQUEST FOR VENDOR INFORMATION

Please complete the form by filling in all applicable information.

Company Name: _____

Operating Name: (If different than above) _____

Mailing Address: _____

Remittance Address: (If different than above) _____

Telephone: _____

Facsimile: _____

GST/HST Number: _____

QST Number: _____

Payment Terms: _____

If your GST/HST Number is registered under a different name than your company name or operating name, please provide the name associated with your GST/HST Number:

Charitable Number: (Non-Profit/Charitable Associations only) _____

Comments:

I certify that this information is up-to-date as of the date listed below.

Date: _____

By: _____

Name:

Position:
