

New Supplier Form

Coordinates

Contact(s)

Supplier Name	_____	Name	_____
Physical Address	_____	Title	_____
	_____	Telephone / ext	_____
Remit to Address (if different)	_____	Cellular	_____
	_____	E-Mail	_____
Telephone	_____		_____
Toll-Free: 1-800	_____		_____
Fax	_____		_____

Tax Information

Self-Employed, Registered, or Independent

Federal Sales Tax Number	_____	Social Insurance Number	_____
Quebec Sales Tax Number	_____		_____

Monetary Unit

CAD/USD/Others _____

Electronic Fund Transfer (for banks located within Canada)

To ensure that we have the correct information relative to your banking coordinates, we kindly ask that you attach an **OFFICIAL VOID COMPANY check (PDF)**.

Payment Notice:

The e-mail where you would prefer to receive the payment details

Signature

Signing below, the undersigned confirms that:

- The information contained in this form is complete and correct, in order for the undersigned to receive electronic payments and deposit details
- Any upcoming modifications to these coordinates will be sent in writing in order to enable the undersigned to continue receiving electronic payments as well as the pertinent details

Authorized person's name _____

Title of authorized person _____

Signature _____

Witness _____

Date _____