

# Supplier Setup/Change Request Form

| Office Use Only                       |                      |
|---------------------------------------|----------------------|
| Vendor ID#                            | <input type="text"/> |
| Buyer                                 | <input type="text"/> |
| <input type="checkbox"/> CRA Verified |                      |

Date:   New  Revised

Vendor Name:  GST/HST Reg #:

Business Type:  Individual  Partnership  Corporation

If you do not have a GST or HST reg # or if you are exempt please provide documentation outlining why

## Ordering Address

## Payment Address

Street 1

Street 2

City:

Province/State:

Country:

Postal/Zip Code:

Contact Info Phone:  Fax:

Contact Person (include title):  E-mail:

Commodity (e.g. Food, Chemical, Computer)  FOB:  Campus  Origin

Currency:  CAD  USD Other (specify):  Freight:  Prepaid  Collect  Prepaid & Charge

Payment Terms:  Net 30  2%/10  1%/10  Net 7 (food only) Other

Other Payment Options - Please select all that apply  VISA  EFT (If selected, see requirements below)

## Electronic Funds Transfer Requirements (please include a void cheque)

Vendor Name:

Account Receivable Contact:  Title:

Account Receivable E-mail:  Phone:

Bank Address:

Bank ID# (4 digits)  Branch #  Bank Account #

To your knowledge, do any Owners, Directors or Officers have immediate family members employed by The University of Western Ontario?  Yes  No

If Yes please provide details below

Name:  Department:

Relationship:

I hereby Certify the information supplied herein is accurate and complete.  Yes

Please fax completed form to Purchasing Department at 519-661-3772