



# Supplier Account Information

## New Supplier/Vendor Profile setup and change request form

Delays in completing and remitting this form back to us could delay processing your invoice payments.

The City's standard payment terms are Net 30 days, unless otherwise approved by the Sr. Manager, Procurement.  
The City of Abbotsford pays all Canadian suppliers via EFT and all U.S. suppliers via cheque.

If you have any concerns, please contact our Purchasing Department.

### Request

New Supplier Request  
 Canadian Supplier

Supplier Change Request – Existing Supplier No.  
 Non-Canadian Supplier

If so, are you subject to non-resident withholding tax?  Yes  No

### Supplier Information

City of Abbotsford Staff Contact: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

### Accounting Information

AR Contact: \_\_\_\_\_

AR Phone: \_\_\_\_\_

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

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

### Purchasing Information

Sales Contact: \_\_\_\_\_

Sales Phone: \_\_\_\_\_

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

PO Submission Email: \_\_\_\_\_

**Note - email address will be used for payment and purchase order notification; you must supply a valid email address.**

Company Website: \_\_\_\_\_ GST/HST Registration # \_\_\_\_\_

### Payment Information

Payments to be made in  Canadian Funds  U.S. Funds  Other -

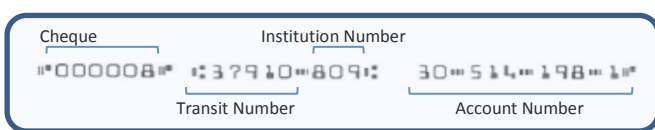
**For Canadian payments only** - please provide the following banking information. Ensure that you have provided a valid email address above.

**Please attach a void cheque** with your bank information on it when returning this form

Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

Name on Bank Account \_\_\_\_\_



Institution # (3 Digits) \_\_\_\_\_ Transit # (5 Digits) \_\_\_\_\_

Account # \_\_\_\_\_

I understand that I am responsible for ensuring the information provided is correct and current. I will not hold the City of Abbotsford responsible for lost or delayed payments where changes to the banking information have been made and not communicated to the City in a timely manner.

I hereby authorize the City of Abbotsford to process direct deposits to the account specified above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized Signature Date (dd/mm/yyyy)

**Please return this form by mail, email or fax including a "VOID" cheque to:**

City of Abbotsford  
Purchasing and Supply Services  
32315 South Fraser Way, Abbotsford, BC V2T 1W7

Phone: 604-864-5524  
Email: [purchasing@abbotsford.ca](mailto:purchasing@abbotsford.ca)

A/P Use Only  
  
Verification \$ \_\_\_\_\_ Entered on \_\_\_\_\_

### Purchasing Department to complete

Search Term: \_\_\_\_\_

Net 30  Other -