



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 _____

 <p>Cheque: 000008 Institution Number: 37910809 Transit Number: 30514198 Account Number: 12</p>	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

A/P Use Only	
Verification \$	Entered on

Purchasing Department to complete	
Search Term: _____	
<input type="checkbox"/> Net 30 <input type="checkbox"/> Other -	