Please email the completed form and any supporting documents to finance@unbc.ca.

VENDOR INFORMATION

| COMPANY / PERSON NAME as shown on Federal Tax Return |  |  |  | NEW VENDOR / CHANGE IN INFO |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Please Select: New |
| ALTERNATE NAME if applicable - doing business as / operating as |  |  |  | DATE OF BIRTH required for individuals (dd-mm-yyyy) |
| POINT OF CONTACT NAME |  | titie |  | CONTACT EMAIL |
| MAILING ADDRESS |  |  |  |  |
| Street Address: |  |  | Postal/Zip Code: |  |
| City: |  | Province/State: | Country: |  |
| PAYMENT / REMIT ADDRESS if different from above |  |  |  |  |
| PHONE | FAX | EMAIL ADDRES |  |  |
| GST/VAT NUMBER | GST E | cable |  |  |

ORGANIZATION TYPE

|  | Corporation | $\square$ | Individual / Sole Proprietor | $\square$ |
| :--- | :--- | :--- | :--- | :--- |
|  | JLC |  | Joint Venture |  |
|  |  | Partnership / Limited Partnership | $\square$ | Non Profit |

## PAYMENT INFORMATION

| MAKE PAYMENT TO (Name on bank account) | CURRENCY | DIRECT DEPOSIT (Canadian vendors only) |
| :--- | :--- | :--- |
|  | CAD | If you wish to receive payment via Direct Deposit, please <br> complete this form and attach a copy of a void cheque from <br> your bank. |


| REQUESTOR / VENDOR'S NAME | SIGNATURE | DATE REQUESTED / SENT |
| :--- | :--- | :--- |
|  |  |  |


| INTERNAL USE ONLY | VENDOR ID | DATE RECEIVED |
| :--- | :--- | :--- |
|  |  |  |

