



Complete this form to request a new vendor or an update to an existing vendor

REQUESTOR INFORMATION		
Date (Enter DD/MM/YYYY)	Vendor Company	Phone
Requestor Name	Requestor Title	Email
ACTION(S) REQUIRED		
<input type="checkbox"/> Create a new vendor <input type="checkbox"/> Change an existing vendor	<input type="checkbox"/> International vendor <input type="checkbox"/> National vendor	<input type="checkbox"/> WP access granted?
<input type="checkbox"/> Link vendor to a new product <input type="checkbox"/> Remove vendor from an existing product	<input type="checkbox"/> New Product created Product ID:	<input type="checkbox"/> Modify an existing product Product ID:
VENDOR INFORMATION		
Vendor Name:	Business Name:	Business Address:
Phone:	Email:	<input type="checkbox"/> Registered <input type="checkbox"/> Corporation
PAYMENT INFORMATION		
<input type="checkbox"/> WP access granted?	<input type="checkbox"/> NEQ <input type="text"/>	
Payment Terms: <input type="checkbox"/> Net30 <input type="checkbox"/> Net45 <input type="checkbox"/> Net60	<input type="checkbox"/> GST/QST/HST <input type="text"/>	
BANKING INFORMATION		
<input type="checkbox"/> EFT accepted A/P email for EFT: <input type="text"/>	Bank Name: <input type="checkbox"/> International Bank SWIFT Code/IBAN: <input type="text"/>	Bank Address: Account Number: <input type="text"/> Account Type: <input type="checkbox"/> Chequing <input type="checkbox"/> Saving

