

This form is used to collect information for approved vendors.
Please return the completed form to: purchasing@sl.on.ca

1

Company Information

Company Name _____ Address _____
 Telephone _____ Fax _____
 Website _____ Order Desk E-mail _____
 Type of Business _____ Number of Years in Business _____
 Business Number _____ HST Number _____ WSIB Number _____

2

Company Contact Information

Rep. Name _____ Job Title _____
 Telephone _____ Account Rep. E-mail _____

3

Remittance Information

Payee Name _____
 Address _____
 EFT Remittance E-mail _____
 Payment Method ☐ EFT ☐ Cheque (USD only)
 Do you accept Visa Purchasing Cards for payment?
 Yes ☐ No ☐
 If only No, please provide information as why no Visa option

Payable Information ☐ USD ☐ CAD
 St. Lawrence College standard payment term is net 30 days.

Banking Information *(Complete only if a change is required)*

Bank Name _____
 Bank Address _____
 Bank Account _____
Institution Transit Account

Below must be completed by a Signing Officer

Name _____ Title _____
 Signature _____ Date _____

Supplier Action (for SLC Financial Services office use only)

New Supplier	Modify Supplier	Reactivate Supplier	Inactivate Supplier
Reason:			
Information Confirmed by _____			
Contact Name _____			
Vendor Full Name _____ Vendor Short Name _____ Vendor # _____			
Entered by _____		Reviewed By _____	
Date _____		Date _____	