

# **Vendor Information Form**

(New or Change of Information)

#### **1. Request Information** (required)

Date Requested	Requested by (Acadia Contact)	New Vendor $\Box$	Vendor Information Change $\Box$

## 2. Vendor Information (required)

Vendor Legal Name		Trade or Business Name (Name on Invoice)	
Mailing Address (Physical Location)		City	
Province/State	Country		Postal Code/Zip Code
Payment Remit to Address (if applicable)		City	
Province/State	Country		Postal Code/Zip Code

## **3.** Contact Information (required)

Sales Phone Number	Sales Contact Name		Email for Purchase Order*	
Accounts Receivable Phone Number		Accounts Receivable Contact Name		
*Provide a PO email address that can be accessed by more than one individual at your company. A generic email address is preferred.				

#### 4. Payment Information (required)

Credit Application Required? Yes D No D If yes, please attach form.	Invoices are issued in the following currency: CDN USD Other D				
Tes 🗆 NO 🗆 II yes, please attach iorin.					
Payment Terms: Net 30 (default) If Other, please specify:					
HST Registration # (if applicable)	SIN#/SSN # (For services provided under the HST registrant threshold of \$30,000/yr)				
Acadia University pays North American vendors by cheque.* International payments will be completed by Wire Transfer.					
*Some exceptions may apply.					

#### Email completed forms to procurement@acadiau.ca

#### For Procurement Use Only

Approved / Declined:		
Set-up Completed by:	Date:	
New Vendor Approval by:	Date:	
Vendor Number Created:		