

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:		