

# VENDOR INFORMATION SHEET

Ensure this form is completed and submitted to [invoice@notlhydro.com](mailto:invoice@notlhydro.com) if you are a new vendor or if your information changes. If information is missing or incomplete, your supplier registration will be delayed.

## TYPE OF REQUEST

- New Vendor Setup  
 Update Vendor Information

## SUPPLIER TYPE

- Business (*corporation / partnership / sole-proprietorship*)  
 Individual (*non-incorporated*)

## VENDOR INFORMATION

Legal Name: \_\_\_\_\_

Note that the Legal Name must match the registered HST business name listed on:

<https://www.canada.ca/en/revenue-agency/services/e-services/e-services-businesses/confirming-a-gst-hst-account-number/terms-conditions-use.html>

Trade Name:  
*(if different than legal name)* \_\_\_\_\_

HST/Business Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Alternate Contact Email: \_\_\_\_\_

## BRIEF DESCRIPTION OF SERVICES OFFERED

## DECLARATION OF CONFLICT OF INTEREST

Are you, or any of your company employees, related to any individual who works with Niagara-on-the-Lake Hydro or an elected official of the Town of Niagara-on-the-Lake.  Yes  No

**WHEN COMPLETED, PLEASE FORWARD TO [INVOICE@NOTLHYDRO.COM](mailto:INVOICE@NOTLHYDRO.COM)**

## NOTL HYDRO USE-ONLY

- New Vendor Pass  
 New Vendor Fail  
 Updates - Vendor Updated

Performed By: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# VENDOR INFORMATION SHEET

## EFT SIGN-UP OPTIONAL PAGE

### PAYMENT INFORMATION

Electric Funds Transfer is an option to receive your payments directly into your bank account. This is faster than conventional cheque creation. To ensure the accuracy of our account information, please attach a copy of a void cheque and complete the following.

### BANKING INFORMATION

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

### ACCOUNT INFORMATION *Canadian Funds Account*

Bank Code: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### REMITTANCE INFORMATION

Please indicate how you would like to receive your payment details.

Email Address: \_\_\_\_\_  No remittance advice necessary.

AR Contact Name & Title: \_\_\_\_\_  Same contact listed on page 1.

AR Contact Phone: \_\_\_\_\_

AR Fax Number: \_\_\_\_\_

### ACKNOWLEDGEMENT

I hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. I undertake to inform Niagara-on-the-Lake Hydro Inc. in writing of any changes to the information already provided and to update the information on this form whenever requested.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WHEN COMPLETED, PLEASE FORWARD FORM AND  
A VOID CHEQUE TO [INVOICE@NOTLHYDRO.COM](mailto:INVOICE@NOTLHYDRO.COM)**