

VENDOR APPLICATION FORM

DATE RECEIVED

3333 University Way Prince George, BC V2N 4Z9

Please email the completed form and any supporting documents to finance@unbc.ca.

VENDOR INFORMATION

INTERNAL USE ONLY

COMPANY / PERSON NAME as shown on Federal Tax Return						NEW VENDOR / CHANGE IN INFO Please Select:	
						Please S	elect:
ALTERNATE NAME if applicable - doing business as / operating as						DATE OF BIRTH required for individuals (dd-mm-yyyy)	
POINT OF CONTACT NAME			TITLE			CONTA	ACT EMAIL
MAILING ADDRESS							
Street Address:			Postal/Zip Co			ode:	
City:			Province/St	/State: Country:			
PAYMENT / REMIT ADDRESS	S if different from	n above			ı		
PHONE		EMAIL ADDRESS					
GST/VAT NUMBER GST EXEMPT REASON			if applicable				
ORGANIZATION TYPE							
Corporation		Individu	Individual / Sole Proprietor				
Corporation				16101			Joint Venture
LLC		Partners	ship / Limited F				Joint Venture Non Profit
LLC	ON	Partners	ship / Limited F				
LLC			chip / Limited F	Partnership	SIT (Canadian		Non Profit
LLC PAYMENT INFORMATI				Partnership DIRECT DEPOS If you wish to	receive paym	n vendo	Non Profit
LLC PAYMENT INFORMATI	e on bank acco		CURRENCY	DIRECT DEPOS If you wish to complete this	receive paym form and atta	n vendo nent via ach a c	Non Profit rs only) Direct Deposit, please

VENDOR ID