

REQUEST FOR NEW VENDOR

PLEASE COMPLETE IN BLUE OR BLACK INK AND RETURN TO THE
SECRETARY-TREASURER FOR APPROVAL.

Company Name: _____

DOES THIS COMPANY ACCEPT:

PURCHASE ORDERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EFT (Electronic File Transfer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Purchase Order Information:

Mailing Address: _____

Canada (only)

P/O Phone: _____ P/O Fax (opt): _____

P/O Email: _____

Web Site (opt): _____

Expected purchase frequency: _____

Payment Remittance:

Please advise the vendor that all payments are made by electronic fund transfer so banking information will need to be sent to the division office before payment can be issued.

Date

School Administrator Signature