

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? YES NO

EFT (Electronic File Transfer) YES NO

Will there be shipping charges (if so, please provide details) YES NO

DETAILS:

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