

VENDOR INFORMATION SHEET

Ensure this form is completed and submitted to 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

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 TO
INVOICE@NOTLHYDRO.COM**

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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: _____

WHEN COMPLETED, PLEASE FORWARD TO INVOICE@NOTLHYDRO.COM

NOTL HYDRO USE-ONLY

- New Vendor Pass
- New Vendor Fail
- Updates - Vendor Updated

Performed By: _____

Signature _____

Date: _____