VENDOR SETUP/CHANGE REQUEST FORM

Reset Form

◯ New Application ◯ Change/Revise Information

Instructions:

1. All fields on this form must be completed prior to submitting the form.
2. Send the completed application via email to venreq@yorku.ca.

Office Use Only
Vendor ID#:
Buyer:

VENDOR INFORMATION	Vendor Legal Name			
	Vendor Operating Name		Which name will you invoice under (legal or operating)	
	GST/ HST # (CAD Vendor). Attach documentation if exempt		Business Type (Inc., LLC, Partnership, Sole Proprietor, etc.)	
	If privately owned:Principal Owner's full Legal Name(s)		If public:Website address that includes chair/board members	
	Registered business # (9 digits)	Registered Province	U.S. vendor: CDN HST# or attach W-9 U.S. Form	
	Currency (CAD or USD)	Currency - Other	E.U. vendor- E.U. VAT ID #	

VENDOR ADDRESS	Ordering Address		Remit to Address	
	City	Province/State	City	Province/State
	Postal code/Zip	Country	Postal code/Zip	Country
	Contact Name:		Contact Name:	
	Email		Email	
	Contact #	Fax#	Contact #	Fax#

Certificate of Insurance Attached (If applicable). 1. Commercial General Liability - $5 million per occurrence. 2. Owned and/or Non-Owned automobile insurance - $2 million per occurrence; and 3. Professional liability - $1 million per occurrence.	◯ Yes ◯ Yes ◯ Yes	◯ No ◯ No ◯ No
WSIB Clearance Certificate Attached.	◯ Yes	◯ No

To your knowledge, do any Owners, Directors or Officers have immediate family members employed by York University.	◯ Yes	◯ No
I hereby Certify the information supplied herein is accurate and complete.	◯ Yes	◯ No

Canadian and US vendors to complete Direct Deposit application on the next page.

APPLICATION FOR VENDOR DIRECT DEPOSIT BANKING

Instructions:

1. All fields on this form are mandatory and must be completed prior to submitting the form.
2. Complete the Canadian Banking Information section for Electronic Funds Transfer (EFT) payments (for CAD Currency payments only). Complete the US Banking Information section for Automated Clearing House (ACH) payments (for USD Currency payments only).
3. For all the banking information provided below, **please attach a void cheque** or a letter from your financial institution confirming the banking information.
4. Send the completed application via email, to: venreq@yorku.ca

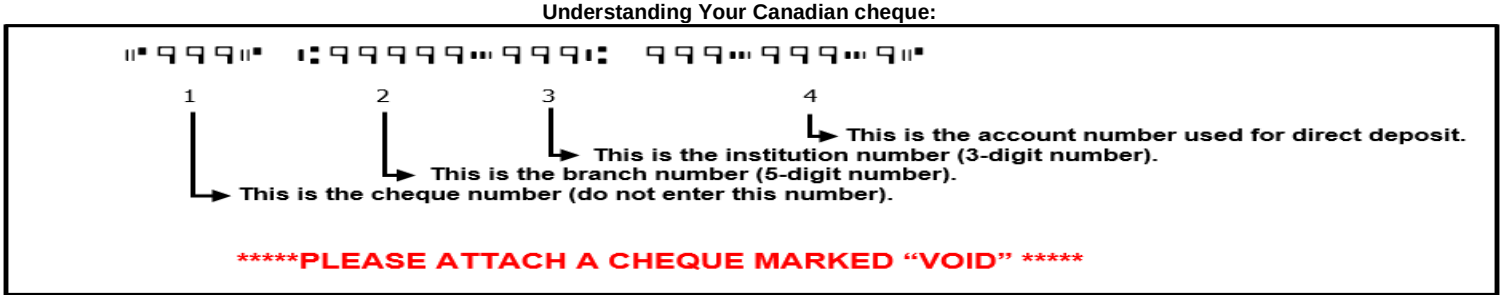
VENDOR INFORMATION	Vendor Name			
	Contact in Accounts Receivable (Surname, First Name)		Payment Notification Email	
	Contact Phone (include area code and extension)		Vendor Main Phone (if different than Contact Phone)	
	Vendor's Remittance Address			
	City	Province/State	Postal code/Zip	Country

CANADIAN BANKING INFORMATION	Name of Financial Institution	Account Number ☐ Chequing ☐ Saving	
	Institution No. (3 digits)	Branch Transit Number (5 digits)	
	Branch Address		
	City	Province	Postal Code

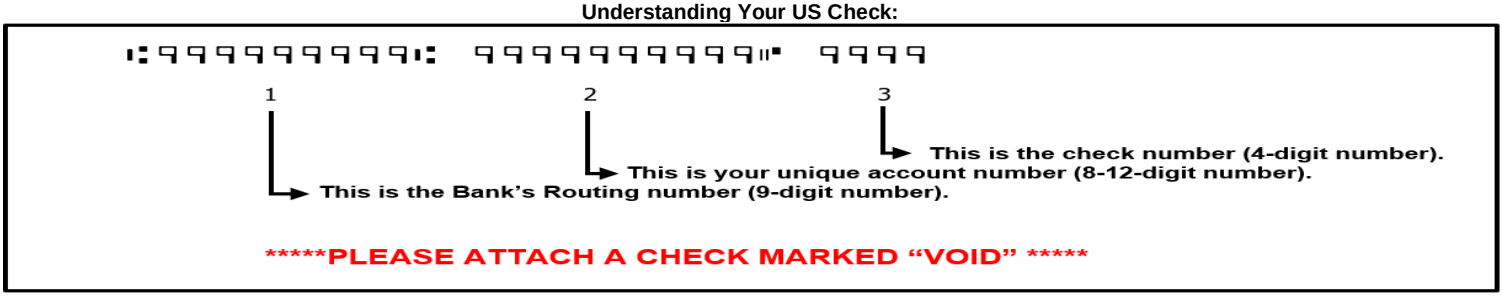
US BANKING INFORMATION	Name of Financial Institution	Account Number ☐ Checking ☐ Savings	Routing No. (9 digits)
	Branch Address		
	City	State	Zip Code

The banking information can be located on your passbook, bank statement, encoded deposit slip, cheque (see sample below) or by contacting your financial institution.

Understanding Your Canadian cheque:



Understanding Your US Check:



AUTHORIZATION

I/we, the above-named business, authorize York University to credit my/our bank account indicated above. I/we will notify York University Accounts Payable promptly in writing if I/we move the account from one financial institution or branch to another or if there is any change in the account. I/we are authorizing signing officer(s) for the business. I/we have retained a signed copy of this authorization form.

Name of authorized signing officer(s)	Signature(s)	Date

BUSINESS ATTESTATION FORM

To be completed by an authorized agent of the Vendor:

The authorized agent represents and warrants that pursuant to O. Reg 422/23, it is an Ontario Business (a supplier, manufacturer or distributor of any business structure that conducts its activities on a permanent basis in Ontario, and either has its headquarters or main office in Ontario or has at least 250 full-time employees in Ontario at the time of the applicable procurement process).

☐ Yes

☐ No

If you selected 'Yes' please disregard the following question and proceed to the signature field below.

If you selected 'No' in the above response, does your business, pursuant to the Government of Ontario's *Procurement Restriction Policy*, meet **both** of the following criteria:

1) Has its headquarters or main office in the United States of America
   AND
2) Employs less than 250 full-time employees in Canada at the time of the applicable procurement process.

☐ Yes

☐ No

The authorized agent acknowledges the Vendor understands the instructions and conditions of this request and hereby offers to supply goods or services as per this Quote; and for greater certainty the agent has the authority to submit this Quote on behalf of the Vendor.

Authorized Agent's Name: _____

Signature: _____ Date: _____