



Vendor Registration & Payment Application

New Application (Completed by Vendor) [] Modify Existing Vendor (Completed by Requesting Department) []

VENDOR TYPE

Incorporated Company [] Employee []
Self-Employed (SIN # _____) [] Committee Member (SIN # _____) []

VENDOR INFORMATION

Vendor Name _____
Contact Person _____ Position/Title _____
Remit to Address: Street _____ P.O. Box _____
City _____ Province/State _____
Postal Code/Zip Code _____ Country _____
Telephone _____ Fax _____
Contact EmailAddress _____

PAYMENT INFORMATION

Payment Options: Electronic(EFT/Direct Deposit) [] Cheque []
EFT/Direct Deposit Information: Name of Financial Institution _____
Financial Institution Address _____

PLEASE INCLUDE A COPY OF A VOIDED CHEQUE TO ENSURE ACCURACY & VERIFICATION PURPOSES

Bank Code [][][] Branch Transit [][][][][]
Bank Account # [][][][][][][][][][][][][][][]

Remittance Type:
[] FEDI/EDI No Remittance (Code B)
[] FEDI/EDI with Fax Remittance (Code C) Fax # _____
[] FEDI/EDI with Email Remittance (Code D) Email _____
[] ACH Direct Deposit No Remittance (Code E)
[] ACH Direct Deposit with Fax Remittance (Code F) Fax # _____
[] ACH Direct Deposit with Email Remittance (Code G) Email _____

Application Prepared By _____ Phone # _____ Date _____

Please remit the completed form via email payables@charlottetown.ca or by fax (902) 629-4191. If you have any questions regarding this application, please call the Accounts Payable Department at (902) 629-4111 or (902)629-6913

ACCOUNTS PAYABLE OFFICE USE ONLY

Vendor Id _____ Entity: City [] Utility [] Initials _____ Date _____