

New Vendor Set-up Application

To ensure timely payments of invoices, please complete the EFT information.

Vendor Information Part 1			
Vendor Name:			
Phone Number:			
Address:			
City:		Postal Code:	
Email address (to receive EFT payment notifications):			
Email contact name (if different from vendor name):			

EFT Banking Information (please include a copy of a void cheque)	
Bank Number:	
Transit Number:	
Account Number:	

Vendor Information Part 2	
If you are a CRA Registered Business, enter your CRA Business Number:	
If you are an Individual, enter your Social Insurance Number:	
If you are a Non-Canadian Resident, enter your Social Security Number: <i>(15% tax withheld)</i>	

Signature			
Vendor Signature:		Date:	

Please submit with a void cheque to:
 Elev8 DESK Administration
 Email to: clerical.dsk2@sd8.bc.ca