

VENDOR SET UP FORM

Payee Name: **Dr.** _____ *

Incorporation Name: _____
(if applicable) **MUST INCLUDE** Certificate of Incorporation

S.I.N. # _____ *

NOT REQUIRED IF INCORPORATED

Home Address: _____ *

(must be home address to send out T4A)

Email address: _____

Phone number: _____

A/P Use only: _____

Vendor # **Location**

* minimum required for vendor setup