City of Coquitlam



Vendor Profile & Electronic Funds Transfer (EFT) Application

Accounts Payable Division

3000 Guildford Way, Coquitlam BC V3B 7N2 Phone: 604-927-3040 Fax: 604-927-3035

Please email completed form to apinvoices@coquitlam.ca; and purchasing@coquitlam.ca

Legal Name:	Payable to:(If different from legal name)
Invoicing as:	(If different from legal name)
Mailing Address:	
Remittance Address:	address above.)
(If different from mailing	address above.)
	oyed Individual Corporation Other (please specify):surance Number:ent of Pension, Retirement, Annuity, and Other Income as per Income Tax Act 153(1) (g) and Regulation 200(1) and T5 in 201(1).)
Contact Name & Position:	
Phone:	Email:
GST Registration #:	WorkSafeBC Account #:
·	or your Direct Deposit information from your bank.
EFT Remittance Advice Email Address:	
for lost or delayed payments where changes to the bank hereby authorize the City of Coquitlam to process direct of the Freedom of Information and Protection of Privacy	ring the information provided is correct and current. I will not hold the City of Coquitlam responsible ting information have been made and not communicated to the City of Coquitlam in a timely manner. I deposits to the account provided above. The information is collected in accordance with Section 26(condition) Act and Income Tax Act and Regulations for the purposes of payment to the Vendor and (where nave any questions, please contact Financial Services Manager at 604-927-3036 or
Authorized Name:	Signature:
Your Contact at the City of Coquitlam (Name):
Date:	
Invoice Requirements: Please send one PDF in	nvoice per email to <u>apinvoices@coquitlam.ca</u> .
************* If applicable***********	
• •	her Purchase Contract or Work Order Number and City Contact name