



District of Squamish
37955 Second Ave, PO Box 310
Squamish, BC V8B 0A3
Ph: 604-815-5038

SUPPLIER INFORMATION FORM

***FILL OUT ALL MANDATORY FIELDS**

(1) Supplier Information	
* SUPPLIER NAME:	
* SUPPLIER ADDRESS:	
SUPPLIER MAILING ADDRESS (If Different from Above):	
* GST NUMBER:	
WorkSafe BC (WCB) NUMBER:	
* CONTACT NAME, PHONE NUMBER AND EMAIL:	

(2) Payment Method (select one)	
<input type="checkbox"/> CHEQUE	<input type="checkbox"/> EFT (Electronic Funds Transfer)
* IMPORTANT: For EFT, attach a voided cheque or Direct Deposit Details Form from your Bank	
* E-MAIL ADDRESS For EFT REMITTANCE ADVISE:	

(3) Financial Institution Information for EFT	
* FINANCIAL INSTITUTION NAME:	
* BANK INSTITUTION NUMBER:	
* BANK BRANCH NUMBER:	
* BANK ACCOUNT NUMBER:	

(4) Supplier Authorization	
By signing below, I acknowledge and attest that the Company is a valid business entity and that all the information submitted is complete and accurate to the best of my knowledge.	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	
DATE:	

Is all mandatory information supplied above? E-Mail this form to: procurement@squamish.ca **ALONG WITH (A) a copy of invoice/contract/quote & (B) if EFT is preferred method of payment: a void cheque **OR** direct deposit form **FROM YOUR BANK or FINANCIAL INSTITUTION.****