KPU | KWANTLEN POLYTECHNIC UNIVERSITY

VENDOR REGISTRATION FORM

Procurement Services - 20901 Langley Bypass, Langley, BC V3A 8G9
email: procurement@kpu.ca

*Conflict of Interest - Please refer to KPU Policies and Documents: Conflict of Interest Policy and Procedures. If a conflict exists as per the described policy; complete and submit the following form: https://our.kpu.ca/sites/hr/er/Forms/All Employee Groups/HR1 Conflict of Interest Disclosure Form.docx

Section 1 – Company Name (Please Print)

OFFICIAL BILLING COMPANY NAME (cheques payable to)

ALTERNATE COMPANY NAMES (if applicable)

Section 2 – Address

OFFICIAL BILLING ADDRESS (cheques to be mailed here) (REQUIRED FIELD)	SUITE NO

CITY (REQUIRED FIELD)	PROVINCE/STATE	POSTAL CODE/ZIP CODE

PHYSICAL ADDRESS (if different from billing address)	SUITE NO

CITY	PROVINCE/STATE	POSTAL CODE/ZIP CODE

Section 3 – Contacts

MAIN CONTACT PERSON (REQUIRED FIELD)	PHONE NUMBER (REQUIRED FIELD)	FAX NUMBER	EMAIL ADDRESS

ALTERNATE CONTACT	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

Section 4 – Payment Information

REGISTERED GST NUMBER AND BUSINESS NAME (as indicated on the Revenue Canada Form "GST 34 Goods and Services Tax/Harmonized Sales Tax Return for Registrants") (REQUIRED FIELD)

☐ CANADIAN FUNDS	☐ US FUNDS	☐ OTHER Please Specify:

Section 5 – For Office Use Only

☐ NEW VENDOR ☐ REACTIVATION ☐ EDIT VENDOR INFORMATION

VENDOR NUMBER	REQUESTED BY (Print Name)	SIGNATURE	DATE
VENDOR TYPE ☐ AP - TRADE VENDORS ☐ TP – THIRD PARTY REFUND PAYMENT ☐ IE - INTERNATIONAL EDUCATION ☐ OTHER (SPECIFY) _____	AUTHORIZED BY (Print Name)	SIGNATURE	DATE
	ENTERED BY (Print Name)	SIGNATURE	DATE

COMMENTS