

VENDOR APPLICATION FORM

SECTION 1: REQUEST INFORMATION

APPLICATION STATUS <input checked="" type="radio"/> New Change	TYPE OF CHANGE <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Bank Details <input type="checkbox"/> Email <input type="checkbox"/> If Other, please specify:
BP# (FOR OFFICE USE ONLY)	

SECTION 2: BUSINESS PARTNER CONTACT INFORMATION (RECEIVING ACCOUNT HOLDER INFORMATION)

LEGAL NAME Stitch It Canada's Tailor Inc.	DBA, C/O Stitch It
ADDRESS 845 Harrington Court, Unit 100A	CITY Burlington
PROVINCE/STATE Ontario	POSTAL CODE/ZIP CODE L7N 3P3
	COUNTRY Canada
REMITTANCE ADDRESS (IF DIFFERENT FROM ABOVE)	
PAYMENT ADVICE EMAIL ar@stitchit.com	

NOTE for the USA Vendors: If your remittance address is a PO BOX #, you must include physical address as well.

SECTION 3: GENERAL CONTACT INFORMATION

GENERAL TELEPHONE # 905-335-0922

SECTION 4: AR CONTACT INFORMATION

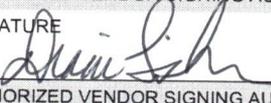
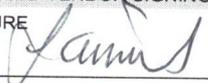
CONTACT PERSON Colleen West	AR EMAIL ar@stitchit.com	DAY TIME TELEPHONE # 905-335-0922 ext 235
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SECTION 5: SALES CONTACT INFORMATION

CONTACT PERSON Jason Chow-How	SALES EMAIL jchowhow@stitchit.com
DAY TIME TELEPHONE # 905-335-0922 ext 252	CELL # 416-427-2469

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SECTION 6: BANK INFORMATION

APPLICATION STATUS <input type="checkbox"/> New <input type="checkbox"/> Change		BANK NAME TD Canada Trust	
BANK ADDRESS 510 Brant Street		CITY Burlington	
PROVINCE/STATE Ontario	POSTAL CODE/ZIP CODE	COUNTRY Canada	
PLEASE SELECT ONE - (REFER TO PAGE 3 AND 4 FOR MORE DETAILS)			
<input checked="" type="radio"/> Canada		USA	
BANK TD Canada Trust		ABA/ROUTING #	
BANK INSTITUTION NUMBER AND TRANSIT NUMBER 004 00802		ACCOUNT #	
ACCOUNT # 5210275		SWIFT	
AUTHORIZED VENDOR SIGNING AUTHORITY			
SIGNATURE 		NAME/POSITION Diane Fisher / Financial Controller	DATE 2024-11-26
AUTHORIZED VENDOR SIGNING AUTHORITY			
SIGNATURE 		NAME/POSITION Taimoor Jamil / President & CEO	DATE 2024-11-26

SECTION 7: FOR CITY OF BURNABY OFFICE USE ONLY

BP TYPE Organization	COMPANY CODE COB	RUSH (FOR RUSH REQUESTS EMAIL BP@burnaby.ca) <input type="checkbox"/>
SYSTEM SAP	BP ROLE Purchasing Vendor	SEARCH TERM
PAYMENT TERMS Z030	PAYMENT METHOD T transfer	CURRENCY CDN
INCOTERMS FOB	SINGLE CHEQUE PAYMENT <input type="checkbox"/>	PAYMENT ATTACHMENT REQUIRED <input type="checkbox"/>
WITHHOLDING TAX CODE Please choose from dropdown		
INTERNAL NOTES		

SECTION 8: SUBMISSION & AUTHORIZATION

CITY STAFF SUBMISSION BY	
DEPARTMENT Procurement Services	SIGNATURE
NAME/POSITION	DATE
CITY AUTHORIZED SIGNING AUTHORITY	
DEPARTMENT Procurement Services	SIGNATURE
NAME/POSITION	DATE

Must include checklist: