

VENDOR PROFILE

MANDATORY FORM for registering as a new vendor, changing information previously submitted and registering for iSupplier.

All fields must be typed in CAPITAL LETTERS. Hand written and incomplete forms will NOT be processed.

A manual hand-written signature is required. Fonts that appear as signatures are not accepted.

1. VENDOR INFORMATION					
Legal Vendor Name				LCBO Vendor Number (for existing vendors)	
Street No.	Street Name	Unit/Suite	HST/GST Registration No. (Needed to receive payment for HST)		
City	Province/State	Country	Postal/Zip Code	Area Code - Phone	
NAME CHANGE (IF APPLICABLE)					
Previous Name (receiving payments under)				Previous LCBO Vendor Number	
Email Addresses for Payment Notification and iSupplier Registration					
1)		2)		3)	
2. CURRENT BANK ACCOUNT					
Name of Bank			Country		
Street No.	Street Name	Unit/Suite	City	Province/State	Postal/Zip Code
Account Number/International Bank Account Number (IBAN)					
Bank Number (Canadian banks only)	Routing Method – Select from the menu		Routing/Branch Number	Primary Transaction Currency – Select from the menu	
Last 4 digits of your bank account number are included in the payment notification. Please notify accounts.payable@lcbo.com immediately if there is any issue with the bank account number listed.					
3. PREVIOUS BANK ACCOUNT FOR EXISTING VENDORS					
Name of Bank			Account Number/International Bank Account Number (IBAN)		
Bank Number (Canadian banks only)	Routing Method – Select from the menu		Routing/Branch Number	Primary Transaction Currency – Select from the menu	
4. VENDOR AUTHORIZATION					
The Vendor: 1) certifies that all information provided above is correct and complete, 2) authorizes and directs the LCBO to make payments to the Vendor at the bank set out above, and 3) accepts the iSupplier Terms and Conditions which can be found at www.doingbusinesswithlcbo.com . A manual hand-written signature is required. Fonts that appear as signatures are not accepted.					
_____		_____		_____	
Full Name (typed)		Business Title (typed)		Signature (hand-written)	
_____		_____		_____	
Full Name (typed)		Business Title (typed)		Signature (hand-written)	
_____		_____		_____	
mm/dd/yyyy		mm/dd/yyyy		mm/dd/yyyy	

APPROVAL BY LCBO MANAGEMENT (INTERNAL USE ONLY)		
_____	_____	_____
Print Name	Authorized Signature	Date (mm/dd/yyyy)