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## New/Update Vendor Request Form

Have you included the following mandatory attachments? **Please Note:**  
This form **WILL NOT** be processed unless they are included:

Vendor Registration (Articles of Incorporation, Sole Proprietorship  
Registration, Partnership Agreement, etc.)  
Canada Revenue Agency Registration (Business Number)  
Void Cheque/ Official Bank Letter (for Electronic Funds Transfer setup)  
Sample Invoice

Status:

New Vendor

Update Vendor or EFT

Vendor No:

(only for existing vendors) \_\_\_\_\_

### Section 1 – Requester Details

Name of Requester\*:

Requester Telephone Number\*:

### Section 2 – Vendor Information

Vendor Legal Name\*:

Vendor Operating Name (if different from legal name):

Tax Registration Number\*:

Order/Billing Currency\*:

Additional Information:

### Section 3 – Vendor Order Address

Address (street no., name, unit)\*:

City/Town\*:

Province/State\*:

Postal/Zip Code\*:

Country\*:

Company Email Address\*:

Telephone Number\*:

Fax Number:

( )

( )

**Billing Address is same as Order Address**

### Section 4 – Vendor Billing Address

Address (street no., name, unit)\*:

City/Town\*:

Province/State\*:

Postal/Zip Code\*:

Country\*:

Generic Email Address\*:

Telephone Number\*:

Fax Number:

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### Section 5 – Vendor Contact Information

Salutation:

Last Name\*:

First Name\*:

Title:

Address (street no., name, unit)\*:

City/Town\*:

Province/State\*:

Postal/Zip Code\*:

Country\*:

Contact Email Address\*:

Telephone Number\*:

Fax Number:

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**Section 6 – Vendor EFT Contact Information**

Primary EFT Contact Name\*:

EFT Contact Email Address\*:

Payment Notification for Email Address:

Telephone Number\*:

(       )

Fax Number:

(       )

**Section 7 – Financial Institution Information**

Bank / Institution name\*:

Address\*:

Telephone Number (include area code)\*:

(       )

Bank Number\*:

Transit Number\*:

Account Number\*:

Other information:

**Section 8 – Vendor Authorization**

Name of Authorized Official\*:

Title of Authorized Official\*:

**IMPORTANT:** Please email the completed EFT form along with a voided cheque or bank letterhead to:  
 Metrolinx  
 Attn: Procurement Services  
 30 Wellington Street West Toronto ON  
 M5L 1B1  
 Email: vendorform@metrolinx.com

**FOR METROLINX USE ONLY**

Vendor ID Number:

Verification Name:

Verification Signature:

Date

**X**

**Important:** When submitting the form to vendorform@metrolinx.com, please ensure the required documentation (mentioned at top of form) is included.

\*Indicates mandatory information.