



VENDOR INFORMATION FORM

Business Name

New Supplier

Pay To Name

Current Supplier

(if Different than Business Name)

Phone

Address Line 1

Fax

Address Line 2

Address Line 3

Website URL

City/Town

Province

Country

Postal/Zip Code

GST #

CONTACT INFORMATION

First Name

Last Name

Title

E-mail

Phone

Fax

I hereby declare that all information provided is accurate and true. I have been granted signing authority on behalf of the company.

Signature

Print Name

Electronic signature accepted

Title

Date

Any personal information collected, is collected under the authority of Manitoba Housing programs and will be used for the purpose of processing this form and for ongoing contact if your business is successful. Personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator, 600 - 352 Donald Street, Winnipeg, MB, (204) 945-3025.

MH Office Use Only

Payment Category

MMS Trade Code

Vendor Number