



# INDIVIDUAL VENDOR REGISTRATION FORM

NEW  CHANGE  DEACTIVATE  REACTIVATE

## PERSONAL INFORMATION

(TO BE COMPLETED IN FULL)

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL/ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STATUS NUMBER (IF APPLICABLE) \_\_\_\_\_

PLEASE CIRCLE PREFERRED PAYMENT METHOD	
CHEQUE	EFT/DIRECT DEPOSIT

\*\*\* EFT ONLY AVAILABLE FOR CANADIAN BANK ACCOUNTS \*\*\*  
\*\*\*FOR EFT PLEASE INCLUDE VOID CHEQUE OR BANKING INFORMATION ON BANK LETTERHEAD. NOTHING ELSE WILL BE ACCEPTED\*\*\*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please return completed form in one of the below methods:  
Email: [accountspayable@rrfns.com](mailto:accountspayable@rrfns.com)  
Mail: Finance Department, PO Box 450 Emo, P0W1E0  
In person to the band office: Attn: Finance Department

### Office Use Only

VENDOR APPROVED	CREATED/CHANGED BY	VENDOR NUMBER		
	CONFIRMED BY	DATE CONFIRMED		