

**Section 1 - To be completed by the prospective vendor**

**\* Vendor Name (use Full Legal Name):**

*If Operating Name is different than Legal Name, enter Operating Name:*

**\* Vendor Cheque/EFT Name (if different):**

**\* HST Number:**

**\* Business number/ Master Business License number:**

**\* Vendor Physical Operating Address** Number & Street Name (mandatory)

(cannot be a PO Box)

Municipality

Province

Postal Code

**\* Vendor Mailing Address**

(if different than above)

Number & Street Name (mandatory)

Unit/PO Box Number

Municipality

Province

Postal Code

**\* Contact Information**

First Name

Last Name

Position

Email address

Phone Number

Fax Number

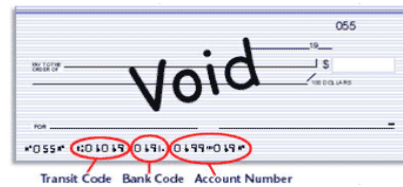
**\* Business Information**

1. Type of entity/organization (sole proprietorship/partnership/corporation);
2. If incorporated entity, provide business/trade name(s);
3. Name(s) of proprietor/partners/shareholder(s);
4. List of directors and authorized signing officers (including titles);
5. Number of employees;
6. Years of operation;

**Banking & Insurance Information**

**\* EFT Info**

A void cheque copy **\*must\*** be attached  
(may be separate page)



**\* Payment Information**

Name of Bank / Financial Institution

Transit Code - 5 digits

Bank Code - 3 digits

Bank Account Number

Email Address for EFT Payment Notice

**\* Insurance Information - Please attach up to date WSIB Certificate & Proof of up to date Liability Insurance**

Liability Insurance Company Name (not broker)

Insurance Policy Number

WSIB Number

**\* Attachments Required with Vendor Request**

- 1) WSIB Certificate - Issued within last 60 days \*
- 2) Liability Insurance Certificate - up to date \*
- 3) Void Cheque \*
- 4) References with Contact Information (Optional)


**Vendor Categories**

Are you a General Contractor ( circle one)    YES            NO

Please check off what trades your company is capable of completing \*\*

**\*\*This does not include sub trades**

Roofing	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Excavation / Waterproofing	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Pest Control	<input type="checkbox"/>	Cleaning/ Janitorial	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Mold Remediation	<input type="checkbox"/>	Locksmith	<input type="checkbox"/>
Painting	<input type="checkbox"/>	Trash Removal	<input type="checkbox"/>	Water Treatment	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	Oil /Propane Delivery	<input type="checkbox"/>	WETT Inspections	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Home Appliances	<input type="checkbox"/>
General Carpentry	<input type="checkbox"/>	Septic	<input type="checkbox"/>	General Contracting	<input type="checkbox"/>
Windows / Doors	<input type="checkbox"/>	Well	<input type="checkbox"/>		<input type="checkbox"/>
Exterior Siding	<input type="checkbox"/>	Snow Removal / Grass Cutting	<input type="checkbox"/>		<input type="checkbox"/>
Decks/ Fencing	<input type="checkbox"/>	Security	<input type="checkbox"/>		<input type="checkbox"/>

**\* Vendor Declaration**

The information provided above is correct and true to the best of my/our knowledge.  
 I/we understand that, unless it is Emergency work, my/our company will not undertake work without being issued an Approved Purchase Order.  
 I/we have authority to bind the corporation/sole proprietorship/partnership.

\_\_\_\_\_  
 Vendor - Print Personal Name

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Vendor - Signature

\_\_\_\_\_  
 Date

**Section 2 - For internal OAHS use only**

\* Organization to add Vendor to:

\* OAHS Manager Approval

\_\_\_\_\_  
 Print OAHS Manager Name

\_\_\_\_\_  
 OAHS Manager Signature

**Note: \* denotes required items.**

Note: The vendor/prospective vendor must submit both the completed Excel form and a signed PDF form to your OAHS contact. Incomplete forms will result in the vendor being removed or not added to OAHS Vendor list.