

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

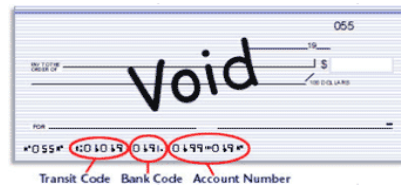
*** Business Information**

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.