LE GROUPE FORZANI LTÉE | THE FORZANI GROUP LTD.

VENDOR CHANGE FORM
(Merchandise)

*** Vendor must provide sample invoice*

Requested by:	Name:	Phone #:	
Current Vendor Name:			
Vendor Number:		**Effective Date:**	
Change Type:	❒ Vendor Name ❒ Vendor Ownership	❒ Vendor Address ❒ Other: _____	

If the vendor ownership has changed, please provide legal documentation and complete the following:

Has Accounts Receivable been Purchased by New Company?	❒ Yes	❒ No	
Who is Liable for any outstanding past rebate owing to FGL and responsible for the existing Vendor Policy Agreement between FGL and the Supplier?	❒ Old Vendor	❒ New Vendor	❒ Other:
Who is FGL to pay for current on hand invoices not due yet?	❒ Old Vendor	❒ New Vendor	❒ Other:

Vendor Legal Name:			
Remit To Name: *(If Different than Legal Name)*			
Remit To Address:	Phone:	Fax:	
	Street:		
	City:	Province / State:	Postal / Zip Code:

Signing Authority Information: *(Person and Location where Policy Agreements and other correspondence will be sent)*	Name:	Email:	
	Phone:	Fax:	
	Street:		
	City:	Province / State:	Postal / Zip Code:

Canadian Ship From Warehouse Location *(Or alternate Ship From location)*	Phone:	Fax:	
	Street:		
	City:	Province / State:	Postal / Zip Code:

Currency on Invoice & Payment Method:	❒ CAD *(All CAD Payments will be made through **Electronic Funds Transfer** - Complete section 7 & 8)*
	❒ USD *(All USD Payments will be paid via **Cheque** - Complete only section 7)*

Tax ID - GST/PST#:			
Tax on Invoice:	GST Only ❒	GST + QST ❒	Exempt ❒

Electronic Remittance Information *(Canadian Funds Only)*	Financial Institution Name:			Phone:
	Street:			
	City:		Province / State:	Postal / Zip Code:
	Bank Code:	Branch Number:	Account Number:	
(Please attach a void cheque or deposit slip referencing full company name for the account requested)	Remittance Information: Please provide an email address where Payment Details will be sent to: Email: _____			
	Contact Name:		Contact Position/Title:	
	Contact Phone:		Contact Email:	
	Contact Signature:		Date:	