# Accounts Payable Vendor Set Up

Please complete the below requested information to accurately set up your Company in PCA’s accounts payable system and return to us. You may fax the form to (604) 592-2982 or send via email to ontario@productcare.org.

<table>
<thead>
<tr>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Business Number (BN):</td>
</tr>
<tr>
<td>Accounts Receivable contact person:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Accounts will be set up for Electronic Fund Transfer (EFT) unless specified as cheque.

Check Box for CHEQUE Payment: [ ]

If payment is to be mailed to a different address than above please complete the below information

| Address cheque to be mailed: |
| City                         | Postal Code |

Name of person completing the form (print)

Signature

Date
Direct Deposit Authorization
To have Product Care Association directly deposited to your Company’s Bank or other Financial Institution, please complete the authorization and details below and return to us. You may fax the form to (604) 592-2982 or send via email to ontario@productcare.org.

<table>
<thead>
<tr>
<th>Company Name</th>
</tr>
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<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Postal Code</td>
</tr>
<tr>
<td>Contact Name (please print)</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Details of account to which payments are to be deposited</td>
</tr>
<tr>
<td>Bank or Financial Institution Name</td>
</tr>
<tr>
<td>Address of Branch</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Postal Code</td>
</tr>
<tr>
<td>Account No.:</td>
</tr>
<tr>
<td>Transit No. (5 digits):</td>
</tr>
</tbody>
</table>

To ensure accuracy it is recommended you attach a sample / copy of your Companies cheque marked “VOID”