



PRODUCT CARE ASSOCIATION
105 West 3rd Ave, Vancouver, BC V5Y 1E6
Phone: 604 592-2972 Fax: 604 592-2982
www.productcare.org

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 Belinda Young. You may fax the form to Truong at (604) 592-2982 or send via email to belinda@productcare.org.

Company Name

Address

City

Postal Code

Business Number (BN):

Accounts Receivable contact person:

Email:

Phone:

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



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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 Truong Le. You may fax the form to Belinda at (604) 592-2982 or send via email to belinda@productcare.org.

Company Name

Address

City

Postal Code

Contact Name (please print)

Signature

Date:

Email:

Phone:

Details of account to which payments are to be deposited

Bank or Financial Institution Name

Address of Branch

City

Postal Code

Account No.:

Transit No. (5 digits):

Bank Number (3 digits):

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