

PRODUCT CARE ASSOCIATION

105 West 3rd Ave, Vancouver, BC V5Y 1E6

Phone: 604 592-2972 Fax: 604 592-2982

Web: 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 us. You may fax the form to (604) 592-2982 or send via email to ontario@productcare.org.

2982 or send via email to ontario@productcare.org.	
Company Name	
Company Numb	
Address	
Address	
City.	
City Postal Code	
Business Number (BN):	
Accounts Receivable contact person:	
Accounts Necervable contact person.	
Email: Phone:	
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	
NIDSED PARIMETE THE NEIMW INIMITATION	
please complete the below information	
please complete the below information	
Address cheque to be mailed:	
Address cheque to be mailed:	
Address cheque to be mailed:	
Address cheque to be mailed: City Postal Code	
Address cheque to be mailed: City Postal Code Name of person completing the form (print)	
Address cheque to be mailed: City Postal Code	



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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 us. You may fax the form to (604) 592-2982 or send via email to ontario@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"