

# Vendor Application

Business name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Organization:

- Not-for-profit
- Government
- Private
- Other: \_\_\_\_\_

### Services:

- Skill Classes
- Support Groups
- Tutoring
- Other: \_\_\_\_\_
- ABA
- Camps
- OT
- SLP
- Counseling
- Therapeutic Recreation

## Contact Details

Contact Persons Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment Details

***Funding for client will ALWAYS be sent out by a cheque to your business address.***

Name on Cheque: \_\_\_\_\_

**Please confirm Business address for delivery of cheque**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

***Check off that all information above is correct and also by checking the circle you are agreeing that any and all personal information that is given or received by or from Autism Manitoba stays confidential.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_