

Vendor's Set-up Form

Vendor's Information (legal name = name on the cheque)

Vendor's Legal Name:			
Vendor's Current Address:			
City:	Province:	Postal Code:	
GST#			
WCB#	(Please attach a WC	B Clearance Letter when submitting this form)	
WCB account n	umber and the clearance letter	s Required for all Trades and Sub-contractors	
	Contact Inf	ormation	
Main Contact Pe	rson's Name:	Email:	
Phone:	Ext.:		
Accounting Conta	act Person's Name:	Email:	
Phone:	Ext.:		
Liability I	nsurance Information* (req	uired for all Trades and Sub-contractors)	
Insurance Provid	er's Name:		
Insurance Policy	#:		
Insurance Expiry	Date:		
Insurance Covera	age Amount:		

Vendor's Authorization

Please sign below to confirm that you are an authorized person of your company and would like to set up your company as a vendor with Western Peak Homes and the information provided on this form is accurate and update to date.

Print Name:	Title (Position):
Signature:	Date:
Please submit the completed form to Western	Peak Homes at info@westernpeakhomes.ca