

Canada Vendor Information Form

- (D) Canadian Vendor requirement only (Domestic) (F) Outside Canada Vendor requirement only (Foreign)

Company Information								
Vendor Location: In or Outside Canada								
Legal Name								
Trade Name (Doing business as)								
Canadian GST Number (D)								
Street								
City					State/Province			
Postal Code					Country			
Do you have an e-Invoice System? Indicate Yes or No (D If yes, please send an e-invoice instead of manual)		Yes				
				No				
Contact Information								
Primary Contact Name: (Contact will be assigned Administrator role in future Apple system and will be responsible for maintaining company profile and contacts)		Primary Contact Type: (Sales Person, Account Manager, Accounts Receivable, etc.)						
Primary Contact Email:			Primary Contact Telephone:					
Secondary Contact Name: (Contact will be assigned secondary Administrator role in future Apple system and will be responsible for maintaining company profile and contacts)		Secondary Contact Type: (Sales Person, Account Manager, Accounts Receivable, etc.)						
Secondary Contact Email:		Secondary Contact Telephone:						
Purchase Order Contact Name:		Purchase Order Contact Telephone:						
Purchase Order Email: (Apple will send Purchase Orders to this email)		Remittance Advice Email: (Apple will send Remittance Advice to this email)						

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Withholding Tax Information								
Со	untry of your tax domicile*?							
Тур	oe of Organization							
Wh	at are you providing to Apple	?						
>	If "Other," please specify							
>	If "Royalties," which Apple er using the licensed product?	ntity is						
>	If "Services," what type?							
>	If "Services," where are the services being performed?							
	you subject to Withholding temption?	ax						
spe	ou are subject to exemption, pecify a reason and attach/provedocument							
	<u>-</u>	-	der whose laws the entity was created country of citizenship or permanent re	_				
Bank Information								
Baı	nk Name							
Baı	nk Country							
Baı	nk Routing Code (D)							
Ac	count Holder's Name							
Ac	count Number							
Sw	ift Code (F)							
IBA	N (if available)							
Baı	nk Account Type (select one)		Chequing Account		Savings Account			
I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize Apple Canada Inc Accounts Payable ("Apple") to electronically deposit payments to the designated bank account. (This includes my authorization to reverse any entries made in error). This authority remains in full force until Apple receives written notification requesting a change, cancellation or until Apple notifies you that the service is no longer available.								
By typing your legal name and email address in the signature line below, you are signing this form electronically and thus you are verifying and authenticating the statements in this submission.								
Au	thorized Signature:							
Em	ail:		Title:					