

VENDOR PROFILE

MANDATORY FORM for registering as a new vendor, changing information previously submitted and registering for iSupplier.

All fields must be typed in CAPITAL LETTERS. Hand written and incomplete forms will NOT be processed.

1. VENDOR INFORMATION				
Legal Vendor Name			LCBO Vendor Number (for existing vendors)	
Street No.	Street Name	Unit/Suite	HST/GST Registration No. (Must provide a valid No. in order to receive payment for HST)	
City	Province/State	Country	Postal/Zip Code	Area Code - Phone
NAME CHANGE (IF APPLICABLE)				
Previous Name (receiving payments under)			Previous LCBO Vendor Number	
Email Addresses for Payment Notification and iSupplier Registration			Email Addresses for Merchandising and Marketing Contact	
1)			1)	
2)			2)	
3)			3)	
2. CURRENT BANK ACCOUNT				
Name of Bank				
Street No.	Street Name			Unit/Suite
City	Province/State		Country	Postal/Zip Code
Account Number/International Bank Account Number (IBAN)				
Bank Number (Canadian banks only)	Routing Method – Select from the menu		Routing/Branch Number	Primary Transaction Currency – Select from the menu
Last 4 digits of your bank account number are included in the payment notification. Please notify accounts.payable@lcbo.com immediately if there is any issue with the bank account number listed.				
3. PREVIOUS BANK ACCOUNT FOR EXISTING VENDORS				
Name of Bank				
Account Number/International Bank Account Number (IBAN)				
Bank Number (Canadian banks only)	Routing Method – Select from the menu		Routing/Branch Number	Primary Transaction Currency – Select from the menu
4. VENDOR AUTHORIZATION				
The Vendor: 1) certifies that all information provided above is correct and complete, 2) authorizes and directs the LCBO to make payments to the Vendor at the bank set out above, and 3) accepts the iSupplier Terms and Conditions which can be found at www.doingbusinesswithlcbo.com .				
_____		_____		_____
Full Name (typed)		Business Title (typed)		Signature (hand-written)
_____		_____		_____
Full Name (typed)		Business Title (typed)		Signature (hand-written)
_____		_____		_____
				mm/dd/yyyy
				mm/dd/yyyy

5. SEND COMPLETED FORMS TO

Beverage Alcohol Suppliers

- New suppliers
 - Name change
 - Currency change
- LCBO Category Manager

Non-Beverage Alcohol Suppliers

- New vendors
 - Name change
- PCMDpurchaseorders@lcbo.com

Other Change to Existing Vendor Profile

- Address change
 - Banking information change
 - Contact information change
- accounts.payable@lcbo.com

APPROVAL BY LCBO MANAGEMENT (INTERNAL USE ONLY)

_____ Print Name	_____ Authorized Signature	_____ Date (mm/dd/yyyy)
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FURTHER INFORMATION AND ASSISTANCE

- Payment may be subject to lifting / transaction fees and other beneficiary bank charges, where applicable. Please consult your financial institution for details.
- To assist in ensuring your banking details are valid, please utilize the following websites:
www.swift.com
<http://iban-rechner.eu/ibancalculator/iban.html>
http://www.ibancalculator.com/iban_validieren.html
- Include void cheque if possible.
- For assistance with iSupplier, please reference the [iSupplier User Guide](#)