

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) <i>If yes, please send an e-invoice instead of manual</i>		Yes	
		No	

Contact Information	
Primary Contact Name: <i>(Contact will be assigned Administrator role in future Apple system and will be responsible for maintaining company profile and contacts)</i>	Primary Contact Type: <i>(Sales Person, Account Manager, Accounts Receivable, etc.)</i>
Primary Contact Email:	Primary Contact Telephone:
Secondary Contact Name: <i>(Contact will be assigned secondary Administrator role in future Apple system and will be responsible for maintaining company profile and contacts)</i>	Secondary Contact Type: <i>(Sales Person, Account Manager, Accounts Receivable, etc.)</i>
Secondary Contact Email:	Secondary Contact Telephone:
Purchase Order Contact Name:	Purchase Order Contact Telephone:
Purchase Order Email: <i>(Apple will send Purchase Orders to this email)</i>	Remittance Advice Email: <i>(Apple will send Remittance Advice to this email)</i>

Withholding Tax Information	
Country of your tax domicile*?	
Type of Organization	
What are you providing to Apple?	
➤ If "Other," please specify	
➤ If "Royalties," which Apple entity is using the licensed product?	
➤ If "Services," what type?	
➤ If "Services," where are the services being performed?	
Are you subject to Withholding tax exemption?	
If you are subject to exemption, please specify a reason and attach/provide the document	
<i>*Tax domicile represents the country under whose laws the entity was created, organized, or governed. Generally, an individual's tax domicile is either the country of citizenship or permanent residence.</i>	

Bank Information	
Bank Name	
Bank Country	
Bank Routing Code (D)	
Account Holder's Name	
Account Number	
Swift Code (F)	
IBAN (if available)	
Bank 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. Authorized Signature: _____ Email: _____ Title: _____	