



**SUPPLIER/CONTRACTOR REGISTRATION INFORMATION**

**LEGAL NAME:**

**DOING BUSINESS AS ( if other than legal name):**

**STATUS (Check one):**

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- PUBLIC CORPORATION
- PRIVATE CORPORATION
- OTHER (SPECIFY)

**AVG ANNUAL REVENUE (Check one):**

- \$0 - \$30,001
- \$30,001 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- Over \$5,000,001

**LIST IN WHICH PROVINCES/TERRITORIES/STATES/ COUNTRIES ETC. ARE YOU LICENSED TO DO BUSINESS?**

**YEARS IN BUSINESS:**

**# OF EMPLOYEES:**

**PARENT COMPANY:**

**WEBSITE:**

	HEAD OFFICE	MAILING	ORDER RECEIPT	PAYMENT REMMITANCE
ADDRESS:				
CITY:				
PROVINCE/STATE:				
COUNTRY:				
POSTAL CODE/ZIP CODE:				
TELEPHONE NUMBER:				
FAX NUMBER:				

**GST REGISTRANT      NO**

**YES - GST NUMBER:**

KEY CONTACTS:	NAME	TELEPHONE #	Email
SALES:			
TECHNICAL:			
ACCOUNTING:			
HEALTH & SAFETY:			

**PRIMARY CATEGORY OF BUSINESS (Check one):**

- GOODS
- SERVICES ONLY
- GOODS & SERVICES

**MAIN PRODUCT/SERVICES:(Email additional information along with this form as appropriate)**

**HEALTH & SAFETY:**

Do you have third party health & safety certification?

If so, specify all and their applicable jurisdiction(s)

Do you have an account with the workers' compensation board?

If so, specify in which jurisdiction(s)

Specify all that are in good standing:

***NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED h k @ k u \ BEING CONSIDERED BY INTER PIPELINE***

**Name:**

**Title:**

**Email Address:**

**Date:**

**Phone Number:**