

Vendor Profile



Trucking Company (please check)

Yes

No

If Yes, choose Primary Services

TL :

LTL

Date:

PLEASE FILL IN ALL SHADED FIELDS.

Your Contact Info	Your Name:	<input type="text"/>		
		Name of person completing this form		
	Your Phone:	<input type="text"/>		
	Your Email:	<input type="text"/>		
	Brief description of your products and/or services:	<input type="text"/>		

Corporate Contact Information	Corporate Contact:			
	Legal Company Name (to appear on cheques): <input type="text"/>			
	Address:		<input type="text"/>	
	<small>Street</small>		<small>City</small>	
	<input type="text"/>		<input type="text"/>	
	<small>Prov / State</small>		<small>Country</small>	
	<input type="text"/>		<input type="text"/>	
	Phone:	<input type="text"/>	Fax:	<input type="text"/>
			Toll Free:	<input type="text"/>
	General Email: <input type="text"/>			
	Account Manager Contact :			
	Account Manager Name: <input type="text"/>			
	Account Manager Email: <input type="text"/>			
	Phone:	<input type="text"/>	Fax:	<input type="text"/>
			Toll Free:	<input type="text"/>
Sales Manager Contact :				
Sales Manager Name: <input type="text"/>				
Sales Manager Email: <input type="text"/>				
Phone:	<input type="text"/>	Fax:	<input type="text"/>	
		Toll Free:	<input type="text"/>	
President Contact :				
President Name: <input type="text"/>				
President Email: <input type="text"/>				
Phone:	<input type="text"/>	Fax:	<input type="text"/>	
		Toll Free:	<input type="text"/>	

Accounts Receivable Information	Accounts Receivable Contact:			
	Accounts Receivable Contact Name: <input type="text"/>			
	Accounts Receivable Email: <input type="text"/>			
	Phone:	<input type="text"/>	Fax:	<input type="text"/>
			Toll Free:	<input type="text"/>
	Our Account Number:	<input type="text"/>	GST or Federal ID#:	<input type="text"/>
	Payment Terms:	<input type="text"/>	Invoice Discounts:	<input type="text"/>
	Volume Discounts:	<input type="text"/>	Other Discounts:	<input type="text"/>
Prompt Payment Discount:	<input type="text"/>	Co-Op Discounts:	<input type="text"/>	

Note: All Vendor are paid through Direct Deposit (ACH / EFT). Please complete Page 3 for Canadian Vendors or Page 4 for US Vendors.

Shipping Information	Shipping/Receiving Contact Name:		
	Shipping/Receiving Contact Email:		
	Shipping Address:		<input type="checkbox"/> ("X" Box if Shipping Address is same as Corporate Address)
	Address:	<input type="text"/>	<input type="text"/>
		<small>Street</small>	<small>City</small>
	<small>Prov / State</small>	<small>Country</small>	<small>Postal / Zip Code</small>
	Phone:	Fax:	Toll Free:

For those supplier that supply XYNYTH with raw materials for manufacturing, or re-sale items, Please take NOTE

We require Lot Numbers on all Product, Shipping Containers, Bills of Lading, and Packing Slips.	
Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which option applies? (Check one)	
1) Xynyth must assign & provide you lot numbers at the time of purchase order:	<input type="checkbox"/>
2) You will assign & provide Xynyth with lot numbers at the time of production:	<input type="checkbox"/>

You prefer to receive purchase orders via: (Check one) Fax Email

Terms and Conditions:

- 1- No Goods are to be delivered without a Purchase Order (PO).
- 2- Receipt of a PO must be acknowledged within 48 hours, confirming pricing and delivery dates.
- 3- If unacknowledged, the PO will be deemed accepted in its entirety upon receipt of goods.
- 4- NO SUBSTITUTIONS are to be made without prior written authorization from Xynyth.
- 5- We reserve the right to cancel a PO if shipment is not made as promised.
- 6- Orders must NOT be invoiced at higher prices than contained within the applicable PO.
- 7- Separate invoices must be rendered for each PO or partial shipment.
- 8- PO number must be printed on all invoices, documents, and packages.
- 9- Xynyth will not honour invoices received more than 90 days after receipt of goods/services.
- 10-Xynyth pays by original invoice, not statements.

Note: Shipping Address will be noted on each PO.

Billing Address:



XYNYTH
Manufacturing Corp.

Corporate Office
122-3989 Henning Drive
Burnaby, BC, Canada
V5C 6N5

Phone: (604) 473-9343 Fax: (604) 473-9399

www.xynyth.com

In an effort to ensure that our Purchase Order is sent to you in a timely fashion, it is important that you complete this entire form and return it to XYNYTH as soon as possible. Thank you.

Vendor Direct Deposit Information

(For Vendors Paid in Canadian Funds)

XVNYTH will deposit the payment of all invoices due directly into our Vendor's Bank Account electronically and will then send the Vendor a "Remittance Advice" email, outlining the payment details that were included in that deposit. In order to ensure payment is received correctly, please carefully complete and verify the necessary information below.

Payment Information

Vendor Name: _____

Vendor ID #: _____

To ensure the accuracy of your account information, please attach a void cheque upon return of this document and complete the following financial information:

Name of Financial Institution: _____

Address of Financial Institution: _____

Vendor Legal Name: _____
(as on your bank account)

ACCOUNT INFORMATION

CAD\$ Account

--	--	--	--	--

Bank Code

--	--	--	--	--	--

Transit Number

--	--	--	--	--	--	--	--	--	--	--	--

Account Number

REMITTANCE INFORMATION

Please provide us with an email address that you would like to use to receive your payment details (remittance advice):

E-mail address: _____

No remittance advice necessary

Contact Name: _____ Title/Position: _____

Phone: (____) _____ Fax: (____) _____

Signature: _____ Date: _____

Please send **completed form and void cheque sample to:*

Fax Number: (604) 473-9399 or email: AccountingDept@xvnyth.com

Attention: William Ng

Or mail to our office at: 122-3989 Henning Drive, Burnaby, B.C. V5C 6N5

