



VENDOR PROFILE

ALL FIELDS MUST BE TYPED IN CAPITAL LETTERS. THE FORM WILL NOT BE ACCEPTED IF HAND-WRITTEN

Vendors must complete and submit this form to be added to the LCBO vendor database and to obtain access to the LCBO's iSupplier application.

The LCBO will not issue any purchase orders to a vendor until it has been added to the LCBO vendor database.

Vendors may use this form 1) to register as a new vendor or 2) to change information previously submitted to the LCBO.

Before submission to the LCBO, ensure the form is signed at the bottom of page 2.

New product vendors and product vendor name changes: Forward completed form to the applicable LCBO category manager

New Marketing vendors and Marketing name changes: Email completed form to marketinginvoices@lcbo.com

For all other changes to existing vendors: Email completed form to accounts.payable@lcbo.com

VENDOR INFORMATION				New <input type="radio"/>	Change <input type="radio"/>	No change <input checked="" type="radio"/>
Legal Vendor Name (insert full legal name) SARL FRANÇOIS PARENT						
Vendor Number				Canadian GST/HST Registration No.		
Street No. 5	Street Name GRANDE RUE		Unit/Suite			
City/Town POMMARD		Province/State/Region BURGUNDY		Postal/Zip Code 21630		
Country FRANCE		Country Code - Area Code - Phone # - Ext. 0033 3 80 22 61 85		Country Code - Area Code - Fax # 0033 3 80 24 03 16		

CONTACT INFORMATION		New <input type="radio"/>	Change <input checked="" type="radio"/>	No change <input type="radio"/>
<p>Complete the "Finance" section below with the name and email addresses of the Vendor contact(s) who are authorized by the Vendor to receive an iSupplier user ID and to receive LCBO payment notifications. Vendor information will not be finalized and payment will not be issued until iSupplier registration is complete. Each iSupplier username issued to the Vendor must be used only by the designated authorized user. The email address shown for each authorized user should include the Vendor's company name (e.g., jsmith@acmewines.com). If the Vendor does not have an Internet domain name, you may indicate a different email address. The LCBO may contact the Vendor to authenticate the identity of the authorized user in such a case. Each person registered as an iSupplier authorized user will be set up with "Manage My Profile" access, which provides the ability to view the Vendor's transactions, view/modify the Vendor's addresses, contact names and business classifications in the LCBO database, and to request changes to modify, add and/or remove iSupplier authorized users on behalf of the Vendor. For more information on iSupplier, please visit our website at www.lcbotrade.com and refer to the attached terms and conditions.</p> <p>Complete the "Sales" section below with the name and email addresses of the Vendor's sales contact(s).</p>				
Finance Contact Email Addresses (type in lowercase)				
1) francois@parent-pommard.com				
2) afgros@me.com				
3) lgalA@lifford.com				
Vendor/Sales Contact Email Addresses (type in lowercase)				
1) francois@parent-pommard.com				
2) afgros@me.com				
3) lgalA@lifford.com				

NAME CHANGES	
Previous Legal Vendor Name	
Previous LCBO Vendor Number	Effective Date (mm/dd/yyyy) / /

PROCEED TO PAGE 2

ELECTRONIC BANKING INFORMATION New Change No change
 *Account name on bank records must match your legal vendor name. Payments may be delayed if account currency and purchase order currency differ.

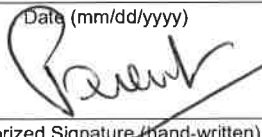
Name of Financial Institution CREDIT AGRICOLE DE CHAMPAGNE-BOURGOGNE			
Street No. 7	Street Name PROMENADE DES BUTTES	Unit/Suite	
City/Town BEAUNE	Province/State/Region BURGUNDY	Postal/Zip Code 21200	Country FRANCE

Complete this section for Banks Residing in Canada	Institution Number	Transit Number	Account Currency EURO
	Account Number		

Complete this section for Banks Residing Outside Canada	International Bank Account Number (IBAN)											
	FR7611006210041443535200107											
	Routing/Swift Code AGRIFRPP810						Account Currency EURO					
	INTERMEDIARY BANK DETAILS – APPLICABLE ONLY FOR PROCESSING PAYMENTS IN CANADIAN FUNDS											
	Name of Financial Institution											
Street No.		Street Name								Unit/Suite		
City/Town						Province/State/Region						
Postal/Zip Code		Country				Routing/Swift Code						

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 attached hereto.

07/07/2014

 Date (mm/dd/yyyy)


 Authorized Signature (hand-written)

FRANÇOIS PARENT

 Full Name (typed)
 GENERAL MANAGER

 Business Title

INTERNAL USE ONLY APPROVAL BY LCBO MANAGEMENT		
_____	_____	_____
Print Name	Authorized Signature	Date