



**Note: This information form is to accompany the original Services Agreement upon submission to Purchasing Services**

### Contractor Information

Name of Firm or Individual Providing the Service:

Postal Address:

Courier/Delivery Address:

Remittance Address:

Name of Contact:

Telephone Number:

Fax Number:

e-mail Address:

WCB Number:

CRA-BN GST #:

If None, is it because the Contractor qualifies as a Sec. 148 Small Supplier? Yes No

Is the Contractor otherwise employed by UVic? Yes No

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### UVic Agreement Contact

Individual responsible for contract administration:

Phone:

Email: