



Lawson Vendor # (For MPI Use Only)

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Signature(s) of Authorized Representative(s): \_\_\_\_\_

Position(s) / Title(s) of Person(s) Signing: \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

☐ Chequing

Name of Bank:		Address of Branch	
City	Province	Postal Code	Bank Telephone No.

[illegible]

## **Method**

**Fax**

Fax Number: (enter 1 and area code if long distance from Winnipeg):

( ) ( ) ( )

## E-Mail

E-mail Address:

***Added by***

***Date Entered***

***Approved by***

***Date Approved***