## CHKISTIE New Supplier Request

Christie would like your company to provide us with goods & services. Christie will facilitate payments by means of direct deposit. In order to enroll you in the ecommerce payment program, Christie will need some information from you. Please complete form and return to Christie.

Only send page 1 to the supplier

	Se	ction 1 – Sup	pplier Inf	ormation					
Supplier Name:									
Supplier Address:					Posta	al/Zip Coo	de:		
City/Province/State:	Province/State: Country:			Supplier Website:					
Contact Name:			Phone#:						
Purchase Contact Email:	Compliance Contact Email:								
	Remittar	nce Address	(if differe	ent from above)					
Supplier Address:				5	Postal	I/Zip Cod	le:		
City/Province/State:	Country:								
Accounts Receivable Phone#:	Accounts Receivable Email:								
Section 2 Payment & A	ccount information	t <b>ion</b> (Mandat	ory if pur	chasing is requir	red. Only	y comple	ete one account		
Notification Payment Email Address	Payable Contact Email:								
Beneficiary Bank Name:			Beneficiary Account Name:						
Beneficiary Bank Address:	-		· _ 0						
Payment Type: ACH(Domestic) Wire(International) Beneficiary AE			3A# (Domer	stic ACH):			Checking	] Savings	
Swift Code:	):	):			W-9 Form (Attach for US Suppliers)				
CAD\$ or USD\$ Account									
Bank Code:	Bank Code:     Transit Number:     Account Number:								
EUR€ Account									
Swift/BIC: IBAN:				)					
	Account	Account							
Sort Code:	Account Number:								
	HKD\$	Account							
Bank Number:	Branch Nun	nber:	Account Number:						
		Other	Account						
		Chinese S	uppliers	Only					
Chinese name: (if applicable)									
Address: (Chinese 40 Char)			<u> </u>						
Bank Name: (Chinese 40 Char)	Bank Account:								
Tax Rate: VATSZP (VAT17%) EXMTSZ (Non-VAT) Other (	VATSZP1 (VAT3%) )	VATSZP2	2 (VAT13%	,) □ VATSZP6 (\	√AT6%)	U VATS	5ZP11 (VAT11%)		
Tax Expl Code: 🗌 V 🛛 🗋 E				Trade License:  General  Processing					

Form: QA-0436, Rev 2 SOP Ref: QA-0431 Form: F0038 Rev 9

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