

Supplier Information Form

Company Name: _____	Supplier Code: _____
Contact: _____	Business/HST # City Experiences employee must request number from the vendor
Type of Business: _____	
Address: _____	
City, Province: _____	
Postal Code: _____	
Country: _____	
Phone #: _____	
Fax #: _____	
Account Currency: <input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$ <input type="checkbox"/> Other: _____	

Are the supplier's products:	Yes	No	N/A
1) Best in class for energy efficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Produced or manufactured locally or within the region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3) Produced from recycled materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Designed for disassembly and/or recycling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Produced or manufactured with no/minimal hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Packaged with minimal waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Packaged with recyclable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Reusable or recyclable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Designed to reduce waste and make efficient use of resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Made of materials that require special disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Will the supplier take back empty containers and packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Free from any emissions to air or water that may have an adverse environmental effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Certified by an independent accredited organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, which? _____

Are the Food & Beverage products:	Yes	No	N/A
14) Locally produced and support local purveyors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Hormone and antibiotic free (i.e. meat and dairy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Are not rare, threatened or endangered fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Name: _____ Signature: _____ Date: _____ / _____ / _____
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