

Supplier Information Form

				Supplier Code:				
Company Name:				Business/HST #				7
Contact:_					,			
Address:City, Province:				City Experiences employee must request number from the vendor				
								_
Country:								
Phone #								
Account Currency:	□ CAD\$	□ USD\$	□ Other:					
Are the supplier's pr	oducts:			Yes	No	N/A		
1) Best in class for energy efficiency?								
2) Produced or manufactured locally or within the region?								
			If not, where?					
3) Produced from recycled materials?								
4) Designed for disassembly and/or recycling?								
5) Produced or manufactured with no/minimal hazardous substances?								
6) Packaged with minimal waste?								
7) Packaged with recyclable materials?								
8) Reusable or recyclable?								
9) Designed to reduce waste and make efficient use of resources?								
10) Made of materials that require special disposal?								
11) Will the supplier take back empty containers and packaging?								
12) Free from any emissions to air or water that may have an adverse environmental effect?								
13) Certified by an independent accredited organization?								
			If so, which?					
Are the Food & Beve	rage produ	ıcts:	,					
14) Locally produced and support local purveyors								
15) Hormone and antibiotic free (i.e. meat and dairy)								
16) Are not rare, threatened or endangered fish								
Comments:								
Name:	Signature:				Da	ite:	/ /	Y
Supplier Inform	nation Form		Revision Date: October 18, 20	21			Approve	ed by: JH

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Form becomes a record when completed