

Supplier Profile Form

Date *



Month Day Year

Full Legal Company Name *

Primary Site Contact *

First Name Last Name

Site Contact Email *

example@example.com

Site Contact Direct Line

Area Code Phone Number

Site Contact Mobile *

Area Code Phone Number

Primary Accounting Contact *

First Name Last Name

Accounting Contact Email *

example@example.com

Accounting Contact Direct Line *

Area Code Phone Number

Accounting Contact Mobile

Area Code Phone Number

Billing Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Street Address (if different)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

General Office Phone Number *

Area Code Phone Number

General Office Fax Number

Area Code Phone Number

Website

GST Number *

WCB Number *

RIVET Management Ltd. requires all suppliers to provide a WCB clearance letter. Please email your WCB clearance letter to nicole@rivetmanagement.com.

Liability Insurance Policy Number *

RIVET Management Ltd. requires all suppliers to submit proof of insurance. Please email your proof of insurance to nicole@rivetmanagment.com.

Liability Insurance Coverage Amount (Canadian Dollars) *

Please make sure you have completed the following so we can welcome you to the RIVET Management Ltd. team.

Completed Supplier Profile Form

Provided WCB Clearance Letter

Submitted Proof of Insurance

Reviewed and Signed Supplier Invoicing Requirements Form

When you have completed the Supplier Profile Form, provided the WCB Clearance Letter and submitted the Proof of Insurance, you will receive the Supplier Invoicing Requirements Document by email. Please review, sign and email it to us at nicole@rivetmanagement.com.