

**ACCOUNT INFORMATION FORM**  
(PLEASE PRINT CLEARLY)

**Section A**

Legal Name: \_\_\_\_\_  
Registered Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Registry Number: \_\_\_\_\_  
Directors names and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(attach separate listing if necessary)

**Section B**

Operating Name of Business \_\_\_\_\_  
Business Location \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C**

Contact Name and Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Company Signing Officers and Titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section D**

WCB Number: \_\_\_\_\_  
Municipal Business License Number: \_\_\_\_\_  
NWT Payroll Tax Number: \_\_\_\_\_  
GST Registration Number: \_\_\_\_\_  
(Single Business Number)

**A credit review is currently being conducted by the Department of Finance, Government of the Northwest Territories, I have provided my/our authorization below, please respond to this request. *PLEASE PRINT CLEARLY***

***BANK REFERENCE***

**BANK NAME:** \_\_\_\_\_

**BANK ACCOUNT:** \_\_\_\_\_

**TRANSIT NUMBER:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCOUNT MANAGER NAME:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**By completing the above, the undersigned hereby authorizes the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us. from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.**

Name:

Dated At:

Signature:

\_\_\_\_\_  
In the Province/Territory of:

Title:

\_\_\_\_\_  
This day of \_\_\_\_\_, 20

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***TRADE/SUPPLIER REFERENCE # 1***

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**ACCOUNT MANAGER:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Name:

Dated At:

Signature:

\_\_\_\_\_ In the Province/Territory of:

Title:

\_\_\_\_\_ This day of \_\_\_\_\_, 20

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***TRADE/SUPPLIER REFERENCE # 2***

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**ACCOUNT MANAGER:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**By completing the above, the undersigned hereby authorizes the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us. from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.**

Name:

Dated At:

Signature:

In the Province/Territory of:

Title:

This day of \_\_\_\_\_, 20\_\_\_\_