



**KIM-TAM LOGISTICS INC.
12 TEAL AVE
STONEY CREEK, ON L8E 3Y5
VENDOR MAINTENANCE FORM**

COMPANY NAME:

ADDRESS:

STREET:

CITY:

POSTAL CODE:

PHONE #:

FAX# :

WEBSITE:

PAYMENT TERMS:

OF DAYS _____

CONTACT PERSON:

PHONE #:

E-MAIL ADDRESS:

FAX#:

ALTERNATE CONTACT INFORMATION

NAME:

PHONE #:

E-MAIL ADDRESS:

FAX#:

REQUESTED BY:

DATE:

*****ALL VENDORS ARE REQUIRED TO COMPLETE EFT FORM*****

FOR INTERNAL USE ONLY:

VENDOR:

APPROVED:

ENTERED:

DATE ENTERED:

CHECKED BY:

REVISED APRIL 23/2020