

	Electronic Payment Enrollement Form US Suppliers	No.	FRM-ADM-036	Révision	1
		Page	1 de 1	Date d'application	05/03/2020

Add

Modify

Delete

Supplier Information

Supplier's Name:

Bank's Name:

Bank Account No:

Intermediary Bank Swift Code:

Intermediary Bank ABA Number:

Notice of payment by email

Email:

Accounts Receivable Contact Information

Contact Name:

Phone Number:

Fax Number:

Signature:

Date:

****Please include a voided copy or a specimen of your cheque****

****Please send to: comptepayable@triopac.com****

For the Use of: Trio Pac Inc.

Entered by:

Date:

Verified by:

Date:

Supplier's Number: