

- \$FFHOHUDWHG SD 8PQLW Upayments for suppliers w

To enroll in the 8 Q L Y H U R I & W O J D U \ VPA program:
 To enroll in this program, please have an authorized company representative complete the fields below for each appropriate remittance address and email your acknowledgement to I L Q D Q F H # X F D O J D U \ F D.

Company Name:	
Remittance Address:	
City:	
Province/State:	
Country:	
Postal/Zip Code:	
Contact Name:	
Contact Title:	
Contact Phone:	
Remittance Email(s)*:	

**This is either an Accounts Receivable Department email or designated person to process payment transactions.*

Once W K H 8 Q L Y H U V L W \ has set the supplier up in the VPA "system" email will be sent to the supplier outlining additional information on the program. All payments from W K H 8 Q L Y H U V L W \ will be made via VPA going forward.

To assist with first VPA payments, W K H 8 Q L Y H U V L W \ will walk suppliers through the initial payment to ensure a successful processing. Please contact I L Q D Q F H # X F D O J D U \ for support.