

Instructions

Request for New Supplier Profile

* denotes required field

Organization

* Operating Name (name as it appears on invoice)				
Legal Business Name (if different from above)				
* Nature of your Business	Yes	No	Don't Know	

Please indicate your name or in the case of a company, your operating name

Indicate N/A if this request is for an individual

Tax Profile (see page 2)

Canada	US								
* GST/HST registration number	* Federal Tax Identification Number (or Social Security Number for individuals)								
PST/QST registration number (if applicable)	<table border="1"> <tr> <td>Individual</td> <td>Trust / Estate</td> </tr> <tr> <td>Limited Liability Corp</td> <td>Tax Exempt Org</td> </tr> <tr> <td>Limited Liability Partnership</td> <td>Disregarded Entity</td> </tr> <tr> <td>International Org</td> <td>Other</td> </tr> </table>	Individual	Trust / Estate	Limited Liability Corp	Tax Exempt Org	Limited Liability Partnership	Disregarded Entity	International Org	Other
Individual	Trust / Estate								
Limited Liability Corp	Tax Exempt Org								
Limited Liability Partnership	Disregarded Entity								
International Org	Other								
Registered for PST/QST in which provinces?									
<table border="1"> <tr> <td>BC</td> <td>QC</td> </tr> <tr> <td>MB</td> <td>SK</td> </tr> </table>	BC	QC	MB	SK					
BC	QC								
MB	SK								

Indicate N/A for all sections if this request is for an individual

Address Profile

* Remittance Address (Payment)				Physical Address (Correspondence, Orders) if different			
Address Line 1		Prov/State		City		Country	
Address Line 2		Country		Postal/Zip Code		Country	

Indicate the mailing address for the payment

Contact Profile

* Contact Name and Position (Finance)	Contact Position
* Telephone Number	Telephone Number
* Email Address	Email Address
Company Website	

Indicate your contact information

Payment Profile

Billing Currency	CAD	USD	EUR	Other (specify)
Payment Method	<ul style="list-style-type: none"> Enbridge prefers to remit payments Electronically Please include the Request for Electronic Payment Authorization Payments will be remitted by Check until authorization is received 			

Form

Request for New Supplier Profile



* denotes required field

Organization Profile																												
* Operating Name <small>(name as it appears on invoice)</small>																												
Legal Business Name <small>(if different from above)</small>																												
* Nature of your Business					* Do you have a contract with Enbridge?																							
					Yes		No		Don't Know																			
Tax Profile (see page 2)																												
Canada					US																							
* GST/HST registration number					* Federal Tax Identification Number <small>(or Social Security Number for individuals)</small>																							
PST/QST registration number (if applicable)					* Entity Type (select the applicable ownership structure)																							
Registered for PST/QST in which provinces?					<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">BC</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">QC</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">MB</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">SK</td></tr> </table>			BC		QC		MB		SK	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 50%; height: 20px;">Corporation</td><td style="width: 50%; height: 20px;">Government</td></tr> <tr><td style="width: 50%; height: 20px;">Partnership</td><td style="width: 50%; height: 20px;">Central Bank of Issue</td></tr> <tr><td style="width: 50%; height: 20px;">Individual</td><td style="width: 50%; height: 20px;">Trust / Estate</td></tr> <tr><td style="width: 50%; height: 20px;">Limited Liability Corp</td><td style="width: 50%; height: 20px;">Tax Exempt Org</td></tr> <tr><td style="width: 50%; height: 20px;">Limited Liability Partnership</td><td style="width: 50%; height: 20px;">Disregarded Entity</td></tr> <tr><td style="width: 50%; height: 20px;">International Org</td><td style="width: 50%; height: 20px;">Other</td></tr> </table>		Corporation	Government	Partnership	Central Bank of Issue	Individual	Trust / Estate	Limited Liability Corp	Tax Exempt Org	Limited Liability Partnership	Disregarded Entity	International Org	Other
	BC		QC																									
	MB		SK																									
Corporation	Government																											
Partnership	Central Bank of Issue																											
Individual	Trust / Estate																											
Limited Liability Corp	Tax Exempt Org																											
Limited Liability Partnership	Disregarded Entity																											
International Org	Other																											
Address Profile																												
* Remittance Address (Payment)					Physical Address (Correspondence, Orders) <i>if different</i>																							
Address Line 1					Address Line 1																							
Address Line 2					Address Line 2																							
City			Prov/State			City			Prov/State																			
Postal/Zip Code				Country			Postal/Zip Code		Country																			
Contact Profile																												
* Contact Name and Position (Finance)						Contact Name and Position (Operations)																						
* Telephone Number						Telephone Number																						
* Email Address						Email Address																						
Company Website																												
Payment Profile																												
Billing Currency		CAD		USD		EUR		Other (specify)																				
Payment Method		<ul style="list-style-type: none"> Enbridge prefers to remit payments Electronically Please include the Request for Electronic Payment Authorization Payments will be remitted by Check until authorization is received 																										