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ACCOUNTS RECEIVABLE  
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## BUSINESS/ORGANIZATION INFORMATION FORM

DATE: \_\_\_\_\_  Business  Organization

ORGANIZATION NAME (if applicable): \_\_\_\_\_

SNEC REGISTERED BUSINESS NAME (if applicable): \_\_\_\_\_

SNEC REGISTERED BUSINESS # (if applicable): \_\_\_\_\_

### APPLICANT

10-DIGIT REGISTRY # (proof required): \_\_\_\_\_

LAST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ FIRST: \_\_\_\_\_

NICKNAME (if applicable): \_\_\_\_\_

PREVIOUS REGISTRY # (if applicable): \_\_\_\_\_

SNEC REGISTERED BUSINESS # (if applicable): \_\_\_\_\_

**ATTACH COPY OF STATUS CARD**

### CO-APPLICANT

10-DIGIT REGISTRY # (proof required): \_\_\_\_\_

LAST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ FIRST: \_\_\_\_\_

NICKNAME (if applicable): \_\_\_\_\_

PREVIOUS REGISTRY # (if applicable): \_\_\_\_\_

SNEC REGISTERED BUSINESS # (if applicable): \_\_\_\_\_

### SERVICE ADDRESS

BLUE FLAG #: \_\_\_\_\_ ROAD: \_\_\_\_\_

### MAILING ADDRESS

BLUE FLAG #: \_\_\_\_\_ ROAD: \_\_\_\_\_

PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

### CONTACT INFORMATION

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please check this box if you wish to receive all documents by email



**DISCLOSURE/DISCLAIMER**

Personal information collected by Six Nations Elected Council is used only for the purposes of managing your account. All personal information provided to Six Nations Elected Council is kept in strict confidence and is not disclosed to any outside third parties, unless required by law. Six Nations Elected Council will only use and disclose personal information internally for the original purpose for which it was obtained or for any use compatible with the original purpose for which it was obtained, except where such use may be prohibited by law.

As a person or persons authorized by the business or organization named on this application, I (we) certify that the information given on this form is true and complete to the best of my (our) knowledge. I (we) understand and agree that if the organization fails to pay for all costs incurred in relation to this application and subsequent provision of goods or services, and/or any additional charges that are deemed appropriate, I (we) agree to be held personally liable for all unpaid charges.

**APPLICANT SIGNATURE:**

\_\_\_\_\_

**CO-APPLICANT SIGNATURE:**

\_\_\_\_\_

**FOR ORIGINATING DEPARTMENT USE ONLY**

**VERIFIED BY (signature):** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**FOR ACCOUNTS RECEIVABLE USE ONLY**

**ARREARS (Y/N)**

**IF YES, INDICATE DEPARTMENT AND AMOUNTS:** \_\_\_\_\_

\_\_\_\_\_

**VERIFIED BY :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_ **NATIONAL ACCOUNT #:** \_\_\_\_\_

**GROUP CODE:** \_\_\_\_\_ **ENTERED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_