



Accountant General  
TREASURY DEPARTMENT

Vendor Authorization Form For **BUSINESSES**

New:  Update:

Please Read Carefully and Complete in Block Letters

\*Tax Id. Number  
(TIN): \_\_\_\_\_

Registered  
Business Name: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank or Credit

Union: \_\_\_\_\_

Account #: \_\_\_\_\_

*(As provided by bank - complete with branch code where applicable)*

Account Holder's  
Name: \_\_\_\_\_

*(As it appears on bank records)*

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Note and Disclaimer**

> This form is to be signed by two (2)\*\*authorized representatives from the business that wishes be added to the SmartStream Payables Vendor List in order to receive payment(s) from any Government of Belize Ministry/Department.

> At times, information for vendors needs to be verified and businesses will be required to re-submit documents already provided before a payment is executed. Businesses should be ready to provide such when required.

> By signing below the business representatives certify that the banking information provided is accurate, belongs to the business and assume full responsibility in the event amounts sent to the indicated account results in payment being rejected\*\*\* or is sent to an account which does not belong to the business and for which the Government of Belize shall not have any liability whatsoever.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Job Position: \_\_\_\_\_

Job Position: \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**\*Must be Registered with G.S.T or Income Tax Department - TIN is provided by those entities.**

**\*\*If Sole Proprietorship, please indicate so in comments and owner is to sign.**

**\*\*\*In event that inaccurate account information is provided; a new form will need to be completed**

