**Accounting Exhibit**

**Please complete the section(s) below and return this Exhibit to TicketOps. Provide a copy of this information to your accounting department for their records.**

Vendor Name/Legal Name:

Payee Name (if different from legal name):

Vendor Mailing Address:

Accounting Contact Name & Title:

Tel no:

E‐mail:

**Payment Type (please select one): Mailed Check Electronic Payment\***

\*Please note that if Electronic Payment is requested, service charges may apply. Charges vary by payment method and bank. Please contact TicketOps Accounting Contact below for details.

**Electronic Payment Information (if applicable):**

- Account Name:

 - Bank:

 - Address of Bank:

 - Branch:

 - Account #:

 - Routing #:

 - SWIFT/IBAN/BIC (if applicable):

 **TicketOps Corporation**

Suite 1111, 30 St. Clair Ave W, Toronto, ON M4V 3A1

**Accounting Contact:** Nikoleta Dechev

Tel no: (647) 931-2675

E-mail: nikoleta.dechev@ticketops.com