



UBC COOL CANADA INC

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WHOLESALE APPLICATION FORM

*Please complete and return via fax or email at your earliest convenience

GENERAL BUSINESS INFORMATION

Company Name: _____ DBA: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Telephone: _____ Email: _____
Fax: _____ GST/ HST Number: _____

PST Number (British Columbia & Quebec): _____

PST Exemption Number (Manitoba): _____

Corporation, Partnership or Sole Owner (choose which applies): _____

Name of Owner or Major Shareholder: _____

Name of accounts payable: _____

Are company purchase orders required? (Yes / No): _____

Years in Business: _____ Telephone: _____

Type of Business: _____ Email: _____

Ship to Address (if different from above): _____

City: _____

Postal Code: _____

Province: _____

Tailgate Required? (if you do not have a truck-level dock): _____

Commercial / Residential: _____

AUTHORIZED SIGNATURE

I TESTIFY THAT I HAVE THE AUTHORITY TO PURCHASE ON MY COMPANYS BEHALF AND AGREE TO PAY ALL INVOICES FROM UBC GROUP CANADA.

Name of Authorized Purchaser(s): _____

Authorized Signature: _____ Date: _____

Print Name(s): _____ Title: _____