

UBC COOL CANADA Inc.

1143 HAULTAIN COURT MISSISSAUGA, ON L4W 2K1

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WHOLESALER APPLICATION FORM

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

GENERAL BUSINESS INFORMATION				
Company Name	a.	DBA:		
Address:		City:		
Province:		Postal Code:		
Telephone:		Email:		
Fax:		HST/ GST	Г#:	
Corpo	oration, Partnership or Sole Owner (choose which app	lies):		
Name of Owner or Major Shareholder:				
Name of accounts payable:				
Are co	ompany purchase orders required? (Yes / No):			
Years in Business:		Telephone	e:	
Type of Business:		Email:		
Ship ⁻	To Address (if different from above):			
City:				
Posta	al Code:			
Provir	nce:			
Tailga	ate Required? (if you do not have a truck-level dock)			
Comr	mercial / 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 Sign	nature:	Date:		
Print Name(s):		Title:		