



WHOLESALE APPLICATION FORM

1143 Haultain Crt, Mississauga, ON, L4W 2K1

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

GENERAL BUSINESS INFORMATION

Company Name: _____ DBA: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Web site: _____

HST / GST #: _____

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

Type of business: _____

Years in Business: _____

Name of Owner or Major Shareholder: _____

Name of accounts payable: _____

Telephone: _____ Email: _____

Are company purchase orders required? (Yes, No) _____

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 COMPANY'S BEHALF AND AGREE TO PAY ALL INVOICES FROM UBC GROUP CANADA.

Name of Authorized Purchaser(s): _____

Authorized Signature: _____ Date: _____

Print Name(s): _____ Title: _____