



Supplier: _____ Date: _____

_____ E-Mail#: _____
(For remittance documentation)

_____ Fax #: _____
(For remittance documentation)

Attention: _____ Phone #: _____

Subject: Payment by Electronic Funds Transfer (EFT) or Wire Payment

In order for the NSLC to process payments, we require the following banking information. If an Intermediary bank is used, please provide that bank's name, address, and country as well.

Bank Name: _____

Bank Address: _____

City, Province: _____ Country: _____

Account Number: _____ SWIFT Code: _____
(if applicable)

Currency of Bank Account: _____ Routing #: _____
(if applicable)

IBAN #: _____ (if applicable)

BANK #: _____ (if Canadian Bank) BRANCH #: _____ (if Canadian Bank)

Note: Please ensure that the currency of the bank account is the same currency that you invoice the NSLC.

AGREEMENT:

To receive payment of invoices from the Nova Scotia Liquor Corporation by EFT or Wire Payment the Supplier agrees to the following:

- NSLC will make every effort to fax remittance information within three (3) working days of funds transfer
- Any fees incurred will be charged to the bank account listed above and will be supplier's responsibility
- Either party may terminate this arrangement upon 30-day's notice to the other party

Authorized Signature and Title

Company Name

Authorized Signature and Title

Company Name

Please Return Completed Form to: apimported@thenslc.com

Fax to: 902.450.6065

Payment Inquiries call: 902.450.5837