

LICENSEE / AGENCY / PRIVATE WINE & SPECIALTY STORES NEW CUSTOMER APPLICATION

Licensee/Agency/PWSS Address

Establishment Name:													
AGA Number				Attention To:									
Business Address (Street Address)													
City:						Prov:		Postal Code:					
Mailing Address (if different than above)													
Postal Code				Area Code Business Phone Number				Ext.	Area Code Business Fax Number				Ext.
Email Address:													

Invoicing Contact – If this contact is at a parent company, please specify the company’s name in the space provided below.

Do you want your invoices sent to a parent company?										Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'Yes', Parent Company Name:													
Contact's Surname:						First Name:				Initials:			
Business Address (Street Address)													
City:						Prov:		Postal Code:					
Mailing Address (if different than above)													
Postal Code				Area Code Business Phone Number				Ext.	Area Code Business Fax Number				Ext.
Email Address:													

Do you want your invoices mailed? Yes No If 'No', invoices will be faxed to appropriate contact.

Communication Contact – From time to time we will send you information about promotions, pricing and changes affecting you. Please fill out the following section if you would like us to send this information to an address different from your invoicing contact.

Contact's Surname:						First Name:				Initials:			
Business Address (Street Address)													
City:						Prov:		Postal Code:					
Mailing Address (if different than above)													
Postal Code				Area Code Business Phone Number				Ext.	Area Code Business Fax Number				Ext.
Email Address:													

Do you want your invoices mailed? Yes No If 'No', invoices will be faxed to appropriate contact.

Delivery – If you will be using a preferred trucker to pick up deliveries from the NSLC Distribution Center, please provide the name and address

Trucking Agency:										
Business Address (Street Address)										
City:				Prov:		Postal Code:				
Mailing Address (if different than above)										
Postal Code			Area Code Business Phone Number			Ext.	Area Code Business Fax Number			Ext.

Additional Shipping Locations – If you will be paying the invoices of another licensee, please provide name and address.

Additional Establishment Name:										
Business Address (Street Address)										
City:				Prov:		Postal Code:				
Mailing Address (if different than above)										
Postal Code			Area Code Business Phone Number			Ext.	Area Code Business Fax Number			Ext.

Purchasing – We would like to understand your business requirements in relation to the purchase of beverage alcohol. Please complete the following information to ensure the NSLC can service your needs.

Yearly Forecasted Beverage Alcohol Sales:			\$							
Forecasted Frequency of Purchases:			Weekly		Bi-weekly		Monthly			

PAYMENTS

Pre-Authorized Debit (PAD) - If you wish to use PAD for payment of your NSLC purchases, please fill out the following agreement.

Deposit Account Number:										
Branch Transit Number:						Chequing:		Savings:		
Bank Name:										
Branch Address:										

Please attach a specimen cheque (which has been marked "VOID") to this authorization.

PAD Authorization and Pre-Notification Waiver

By signing below, you, the Customer, hereby authorize the Nova Scotia Liquor Corporation ("NSLC") to debit the bank account indentified above (the "Account") for payment of all charges/fees arising from the placement by you of an order for NSLC products and services (an "Order"). Debit of the Account for the full amount (including all applicable taxes) of the order will generally take place on the next business day that the resulting invoice is generated and sent to you.

You acknowledge that payments under this PAD Agreement will be for variable amounts and when required in response to an Order placed by you. You confirm that the debits authorized under this PAD Agreement are for business purposes and that this PAD Agreement is a "Business PAD".

You agree to notify the NSLC, in writing, of any change in the account information provide in this PAD Agreement.

