

**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.

Payment – If you would like your credit card number stored in our files for future use, please fill out this section.

Credit Card Number #1	Expiry	M	M	Y	Y	Card Type:	AMEX	Master Card	VISA
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Cardholder's Name as it appears on card: _____

Is this credit card used to pay invoices for another licensee? Yes No

If 'Yes', indicate Licensee Name: _____

Credit Card Number #2	Expiry	M	M	Y	Y	Card Type:	AMEX	Master Card	VISA
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Cardholder's Name as it appears on card: _____

This signed application authorizes the Nova Scotia Liquor Corporation to process all beverage alcohol purchases made by the above mentioned licensee through the credit card indicated and understand that the credit card slip may not be signed by the card holder.

I hereby acknowledge and agree to the terms and conditions (above) of this application

Applicant's Signature _____

Date _____

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:
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Mailing Address (if different than above) _____

Postal Code	Area Code Business Phone Number	Ext.	Area Code Business Fax Number	Ext.
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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:
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Mailing Address (if different than above) _____

Postal Code	Area Code Business Phone Number	Ext.	Area Code Business Fax Number	Ext.
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Cheque Authorization – If you wish to write cheques in payment of your NSLC purchases, please fill out the following information.

Cheque Privileges Required Yes No

Financial Institution: _____

Branch Address:	Corporate Account Number
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Name as it appears on cheque:	Max. Cheque Amount
	\$. 0 0

I hereby acknowledge and agree to the terms and conditions of this application (see next page)

Applicant's Signature _____

Date _____

"The personal information on this form is being collected under the Liquor Control Act of N.S. for the sole purpose of conducting credit checks on applicants in order to determine the suitability of applicants for Cheque privileges."

TERMS AND CONDITIONS

These privileges apply to standard cheques for business purchases payable to the Nova Scotia Liquor Corporation (NSLC) and must be for the exact amount of the purchase. This privilege may be canceled by the NSLC at any time without notice.

If the bank/financial institution does not honour a licensee/agency cheque, the NSLC reserves the right to charge a service fee of \$25.00 to offset additional processing costs. Future purchases may also be suspended until the outstanding amount is paid. The Non Sufficient Funds (NSF) cheque will also mean that all future purchases must be paid for by cash, certified cheque or another cash instrument. The licensee/agency will not be reconsidered for cheque writing privileges until one year has passed since the NSF cheque. Another application will be required after the 12 months. It is the responsibility of the licensee/agency to reapply.

The NSLC reserves the right to perform credit checks on any licensee/agency at any time to ensure their account is in good standing. We also reserve the right to cancel the cheque writing privilege if it is determined that a licensee's/agency's credit is not in good standing.

The signature on the application indicates that these Terms and Conditions have been read and understood.

All applicants must be nineteen years of age or over.