



In-Store Sampling Application

Please submit one application per requested week, per Liquor Mart with a minimum of 2 listed products and a maximum of 4 products. Applications must be submitted at least 4-5 weeks in advance prior to the requested month.

Dates Requested _____

Times Requested _____

Products & Inventory

Number	Product	Start	Finish	Sold	Used

Liquor Partner & Payment Information

Company _____ Name _____

Account # _____ Phone # _____ Email _____

Method of Payment

☐ **Payment on Account or EFT (Electronic Funds Transfer)/**

PAD Program (Pre-Authorized Debit)

I authorize the Liquor Mart to charge for all product used as listed on this application at the appropriate discounted sampling rate using my Marketing Representative account number. I will ensure the head office account or bank account is in good standing with sufficient funds to process the transaction. I acknowledge my account will be checked the day of the sampling to ensure there is a credit balance. If not, cash/debit/credit will need to be used immediately following the sampling.

☐ **Cash/Debit/Credit**

If the first option is not selected above, payment must be arranged immediately following the end of each sampling using cash/debit or credit.

Sampler Information

Name _____ Phone # _____

Selection Criteria

Identify pertinent information to strengthen your application (seasonality, category focus, Marketing program participation, etc.) or any additional comments you want the store to know about the sampling here:

- ☐ I understand that failure to provide an adequate method of payment at the end of a sampling will default to an automatic charge on the account number listed on this application. Insufficient funds may result in a temporary suspension of sampling activity.

Print name _____

Signature _____ Date _____

For Store Use Only

Date of Application _____ Approved? Yes ☐ No ☐

☐ Product Ordered ☐ Sampling Confirmed ☐ Paid

Date Ordered _____ Qty Ordered _____

Additional Notes: