



WineStation® Sampling Application

Applications must be submitted at least 4-5 weeks in advance prior to the requested month.

Company _____

Name _____ Phone # _____

Email _____ Account # _____

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.

☐ **Cash/Debit/Credit**

If the first option is not selected above, payment must be arranged using cash/debit or credit.

Month Requested _____

Brand #	Product Name	Price

Comments

Print name _____

Signature _____ Date_____

Please send this application to the store Product Consultant

For Store Use Only

Date of Application _____

Approved? Yes ☐ No ☐

Date Ordered _____

☐ Paid