

ORDER REQUEST FORM FOR MARKETING REP CONSIGNMENT STOCK PROGRAM

APPLICATIONS WILL NOT BE ACCEPTED UNLESS SUPPLIER AGREEMENTS ARE ON FILE WITH MANITOBA LIQUOR & LOTTERIES

SUPPLIER INFORMATION			REPRESENT	REPRESENTATIVE INFORMATION		
Supplier Name			Company			
Address			Contact Name	2		
City/Country			Phone		Fax	
Fax #	Phone		Email			
Email			Agent #			
PAYMENT INFORM	ATION (In order to sa	ve on transfer fees, m	nonthly payments under	r \$200 will be held back un	til over \$200 foreign currency.	
Payment will be made t	:0:		Letter of Authorization	on submitted 🔲 Pa	ayee Letter submitted 🗌	
SHIPPING INFORM	ATION					
Country of Origin			Country of Exp	Country of Export		
If US indicate State of Origin			If US indicate	If US indicate State of Export		
Shipping Terms		Shipping Location				
If product of Canada wi	ll it be shipped					
PRODUCT INFORM	ATION					
Item #	UPC/EAN		scc	Certifica	te of Origin submitted 🗌	
Full Product Name						
Producer Name						
Grape Varietal		Region		Vintage if Specific		
Alcohol/Vol %		Case Cost		Unit Cost		
Firm Retail Required		Currency		Sku Fees		
Method of Payment		Order Quantity				
Availability						
L						
PRODUCT PACKAGE	<u>E DETAILS</u>	_				
Container Size (mls)		Containers per Se	elling Unit	Units per Case		
Container Type		Case Weight		Layer/Pallet	Cases/Layer	
Package Material		Other packaging		Bottle Closure		