



# 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