



New Customer Application

Registered Company name: \_\_\_\_\_

Business name (DBA): \_\_\_\_\_

License number (as assigned by the LCDB): \_\_\_\_\_

GST # \_\_\_\_\_ PST # \_\_\_\_\_

Delivery address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

CONTACT INFORMATION

Store/Location/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PAYMENT METHOD

All orders are C.O.D. as legislated by LCDB. Payment options area VISA, MASTERCARD, AmEx, Cheque or Cash. Please complete the following section with a signature authorizing payments on the credit card number provided.

Credit Card # \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Billing Postal Code (allows payments to be made without cardholder present): \_\_\_\_\_

Signature: \_\_\_\_\_

**ORDER DESK: [tastingroom@ferniedistillers.com](mailto:tastingroom@ferniedistillers.com)**

APPROVED BY: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

**EMAIL: [tastingroom@ferniedistillers.com](mailto:tastingroom@ferniedistillers.com)**

**Phone: 778-519-7707**