



B & M Marketing (Canada) Inc.

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NEW ACCOUNT SET UP FORM

Legal Company Name: _____

Operating Company Name: _____

Business Registration Number: _____

Mailing Address: 	Shipping Address (if different from mailing):
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T:	F:	W:
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Type of Business (select all that apply):

<input type="checkbox"/> Kitchenware/Wine Accessories Retail	<input type="checkbox"/> Giftware Retail
<input type="checkbox"/> Winery	<input type="checkbox"/> U-Vint/Brew on Premise
<input type="checkbox"/> Online Retail	<input type="checkbox"/> Non Profit
<input type="checkbox"/> Promotional Company	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other (specify): _____

Owner/Principal Contact: T: F: E:	Buyer/Primary Contact: T: F: E:
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Accounts Payable Contact: T: F: E:	Shipping information Ship via: <input type="checkbox"/> Carrier of our choice <input type="checkbox"/> Customer Collect Carrier: _____ Customer Account Number: _____ Do you have facility to receive pallets/skids: <input type="checkbox"/> Yes <input type="checkbox"/> No/tailgate required
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Please specify any additional information you would like us to be aware of (day(s) of store closure OR day(s) receiving is closed):