



**LIQUOR DISTRIBUTION BRANCH
LICENSEE - AGENCY ORDER FORM**

6 0

11

INVOICE NUMBER

CONFIDENTIAL

LDB GST # 124542945

CIRCLE APPROPRIATE BOX

HOSPITALITY L

AGENCY A

LRS R

GROCERY G

MOS M

DUTY FREE STORE D

TO _____
STORE NAME

STORE NO. _____

CUSTOMER NAME

DATE _____
MM DD YY

CUSTOMER ADDRESS

CUSTOMER NUMBER

LDB PMT TYPE

ORDERED				SUPPLIED			
QUANTITY IN UNITS	BRAND NAME	SIZE		STOCK #	QUANTITY IN UNITS	UNIT SELLING PRICE	VALUE
		21	1				
			2				
			3				
			4				
			5				
			6				
			7				
			8				
			9				
			10				
			11				
			12				

ALWAYS SHOW QUANTITIES IN SELLING UNITS SUCH AS BOTTLE OR PACK

SIZE	QUANTITY	UNIT DEPOSIT	TOTAL DEPOSIT

PRODUCT SUB TOTAL 31

+ GST

+ CONTAINER DEPOSIT

= **AMOUNT PAID**

CHECKED BY _____

SIGNATURE OF DRIVER - RECEIVED IN GOOD CONDITION

PREPARED BY _____

SIGNATURE OF AUTHORIZED OFFICER OF LICENSEE OR AGENCY