



BCLIQUOR Hospitality Order Form

Licencee No _____
 Licencee Name _____
 Order Submission Date _____
 Desired Pick Up Date _____

Contact Name _____
 Contact Email _____
 Contact Phone _____

Your order will be entered as submitted.

Please ensure you are double checking your order (SKUs & quantities) before submitting.

	Selling Unit	
SKU	Quantity	Product Name/Description
1		
2		
3		
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45		
46		
47		
48		
49		
50		
51		
Total		

	Selling Unit	
SKU	Quantity	Product Name/Description
52		
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54		
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64		
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66		
67		
68		
THIRD PARTY WHOLESALE PRODUCT		
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94		
95		
96		
Total		

Please Note: Take care to avoid DUPLICATE ORDERS.
 If you would like an update on a pending order, please do not add the SKU to
 this form.
 A duplicate order will be placed.

Resources:

Listed product SKUs: bcliquorstores.com
 Non Stocked Wholesale Product SKUs: [WHOLESALE PRODUCT CATALOGUE](#)