



BCLIQUOR Hospitality Order Form

Licensees No _____
 Licensees 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		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		

	Selling Unit	
SKU	Quantity	Product Name/Description
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		

THIRD PARTY WHOLESALE PRODUCT

53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		

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.

QUANTITY TOTAL: