



SUPPLIER CHARITABLE DISCOUNT REQUEST FORM GUIDELINES

Suppliers may request to have some product discounted that is being poured at charitable tastings. To apply for the supplier discount, suppliers must:

1. Make the request at least 10 business days prior to product being picked up;
2. Complete an application form available at www.anbl.com on the Charitable Discount page under Supplier;
3. Request products that are currently listed and active;
4. Brands must have a minimum of 3 months of inventory available in the warehouse and/or stores and/or an order is expected to arrive prior to the event. New listings are encouraged, providing they are active and have sufficient inventory;
5. Must be within the maximum dollar discount allowable for the representative's agency for the calendar year;
6. The core purpose of the event must be the product tasting, done in a socially responsible manner that facilitates the supplier / representative's opportunity to promote their product, educate the consumer, and promote the category as a whole;
7. Event must be registered as a charitable organization through Revenue Canada.

NB Liquor reserves the right to refuse further support discounting at events where the general public, or supplier community deem the event to be inappropriate from an organizational or social responsible perspective.

FORWARD TO ADDRESS BELOW:

ALCOOL NB LIQUOR
ATTENTION: FESTIVAL COORDINATOR
PO 20787
170 WILSEY ROAD
FREDERICTON, NB E3B 5B8

OR FAX TO: 506.462.2283 OR EMAIL TO: community@anbl.com

To obtain information regarding your company's allotted discount amount, please contact community at 506-452-6524 or at community@anbl.com



SUPPLIER CHARITABLE DISCOUNT REQUEST FORM

NAME OF REPRESENTATIVE APPLYING FOR DISCOUNT

NAME OF REPRESENTATIVE'S COMPANY _____

TELEPHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

NAME OF PERSON THAT WILL PICK UP PRODUCT (IF DIFFERENT FROM ABOVE)

ANBL STORE SELECTED FOR PICK UP _____

PICK UP DATE _____ PICK UP TIME _____

EVENT NAME _____

DATE OF EVENT _____

CHARITY(S) BENEFITING: _____

REGISTERED CHARITY #: _____

SIGNATURE _____

| UPC | Product Name | Retail Price | Size | # Bottles Requested for Pouring |
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By completing this form, I am aware of, and agree to the established processes and criteria associated with receiving a product discount, and agree to return any product should the event be cancelled, or the agency is unable to attend the event.