**Licensee Order Request Form**

*This form shall be used by licensees to place orders at LCBO retail stores. Licensees are requested to fill all applicable fields while placing the order. The completed order form can be shared with the applicable LCBO retail store through email or fax. Please reach out to your nearest store, in case of any clarifications.*

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| **Licensee Details** |
| Name | Licensee # |
|  |  |
| Street Address | Order Date |
|  |  |
| City | Pickup/Delivery Date |
|  |  |
| Email | Contact Number |
|  |  |

Is someone else picking your order (must be 19+ years)? YES [ ]  NO [ ]

If yes, please provide pickup person details below.

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| --- |
| **Licensee Details** |
| Name | Licensee # |
|  |  |
| Street Address | Order Date |
|  |  |
| City | Pickup/Delivery Date |
|  |  |
| Email | Contact Number |
|  |  |

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| **Pickup Person Details** |
| Name | Contact Details (Phone Number/Email) |
|  |  |

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| **Customer Comments, if any** |
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| **Office Use Only** |
| Invoice # | Product HST  |
|  |  |
| Order Total ($) | Delivery HST |
|  |  |
| LCBO Store # | Date Received |
|  |  |
| Signature | Date Fulfilled |
|  |  |

It is understood that:

* The LCBO will make every attempt to fulfill your product. You will be contacted through email or phone if the order needs to be modified due to unavailability of products
* Please allow minimum of 24 hrs. to fulfill your order. The store staff will contact you once the order is ready for pickup
* Please do not send credit card information over email. Please contact the store if you wish to make payment over phone (available at select stores only)

*s*

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| **S.No.** | **LCBO Product #** | **Units** | **Description and Size** |
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