

CLYDE RIVER ALCOHOL EDUCATION COMMITTEE

P.O. Box 9
Rankin Inlet, NU. XOC-OGO
Tel: (867) 645-8475
Fax: (867) 645-3327

Customer Purchase Order

Date: _____

Customer Information:

Please write your order form neatly

Name: _____
 Address: **P.O. Box** _____
 Community: **Clyde River** _____
 Prov. Territory: **NUNAVUT** _____ Postal Code **X0A 0E0** _____
 Home Phone: **(867) 924 -** _____
 Work Phone: **(867) 924 -** _____
 Fax: **(867) 924 -** _____
 Email: _____

Shipping Information

Community: **Clyde River, NUNAVUT**
 Airline Preference: **First Air (7F)** _____

Date of Birth: _____

Signature: X _____

I solemnly swear that I am of 19 years of age or older.

Please note that spirits and wine have a 0.29 fee per item and coolers and beer is 0.14 per item

Please DO NOT make any form of payment until you are contacted by Nunavut Liquor personnel.
 Only order signatory may pick up the order from the airlines.

Products will not be transported until proof of payment is verified.

Qty	NLM ITEM #	DESCRIPTION	UNIT PRICE	AMOUNT

Please circle

VISA

MASTERCARD

SUBTOTAL (GST not included)

\$

PACKAGING & HANDLING (GST not included)

GST

TOTAL

\$

Credit Card Number	Expiry Date (mm / yy)	CVD#
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Signature _____

WAIVER / RELEASE

I hereby consent to allow the RCMP to conduct a local records check for alcohol related occurrences involving myself and/or anyone else who resides and/or frequently attends my place of residence over the last twelve (12) months.

X

Applicant Signature

RCMP Verification:

Has this applicant or their place of residence been associated with an occurrence where alcohol was a factor?

CONSENT OF HOMEOWNER:

I hereby give my consent as the Homeowner to allow this applicant to place this order.

X

Print Name of Homeowner

Signature of Homeowner

CONSENT OF PARTNER:

I hereby give my consent as the partner to allow this applicant to place this order.

Partner / Signature

Partner's Name Please Print

AEC Chairperson Approval Signature

AEC Member

AEC Member