



Caribbean Bottling Company
BAHAMAS LTD.

Cooler Request

Please take a few moments to complete this form. Please print clearly.

Name of Business: _____

Name of Owner: _____

Person Authorized to Order : _____

Contact Information

Telephone Contact: _____

Work

Cell

Fax

Email Contact: _____

Mailing Address: _____

P.O. Box

City

Island

Location of Store

Please give exact directions to your store. If you have more than one store please fill out one form for each location.

Applicant Name

Applicant Signature

Date

Official Use Only

Date Entered in System

Equipment Requested: Cooler

Fountain Machine

Entered By

Vending Machine

Customer Acct. #