



BEVERAGE CONTAINER  
MANAGEMENT BOARD

Account Closure Request Form

**Date:**

**File#/Agent#/LP#:**

**Company:**

**Address:**

**Contact:**

**Phone Number:**

**Request for account closure:**

**Reason for account closure:**

**Date of closure:**

**I understand and confirm that once the account is closed, I can no longer register beverage containers and remit and report sales. In the future, if I decide to register beverage containers (as they are not registered by the company I am buying from), I would first be required to register my company as a new registrant (meet all requirements) and then register my beverage containers prior to selling and/or distributing them in Alberta.**

**Name**

**Title**

**Signature**