

WINE SHIPMENT ORDER FORM

Please print form. Fill out and mail form with payment to:

**WILLIAMSON VINEYARDS
19692 WILLIAMSON LN.
CALDWELL, ID 83607**

Date _____

SOLD TO:

SHIP TO:

Name _____

Name _____

Business _____

Business _____

Address _____

Address _____

City _____

City _____

State _____ ZIP _____

State _____ ZIP _____

Phone _____

Phone _____

Other _____

Other _____

QUANTITY	VARIETAL	PRICE	For Office Use
			Invoice#
			of orders
			Ship Date
			Zone

MESSAGE _____

CHARGE/BANKCARD:

WINE TOTAL _____

Visa _____ MasterCard _____

TAXES _____

Account # _____

SHIPPING _____

Exp. Date ____/____

HANDLING _____

Name on Card _____

TOTAL _____

FOR OFFICE USE					
PACKED	WEIGHT	SHIPPED	BILLED	RECEIVED PAYMENT	CHECK #
_____	_____	_____	_____	_____	_____