



551 Technology Way
 Napa, CA 94558
 (707) 252-3364
 Fax (707) 252-7640

Employee: _____
 Time: _____

Ship To:

Name: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Bill To:

Same as ship to
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____
 CASH VISA M/C DISCOVER AMEX
 Account #: _____ Exp: _____
 CVC: _____

Wine Shipping: 7-10 Bus. Days 4-5 Bus. Days 3-4 Bus. Days 2-3 Bus. Days

Deliver by: _____

	# OF BOTTLES	WEIGHT	INSURED AMOUNT	COST OF SHIPPING
PACKAGE # 1				
PACKAGE # 2				
PACKAGE # 3				
PACKAGE # 4				
PACKAGE # 5				

AMOUNT TO BE BILLED TO CARD: \$ _____

I hereby authorize Eagle Rock Fulfillment to charge the amount on my credit card for services rendered. I also agree that Eagle Rock Fulfillment is NOT responsible for any heat or cold damage due to adverse weather conditions. Wine delivery dates are approximate, NOT guaranteed.

X _____ **Date:** _____



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