

# Fax Order Form

Wine Cave

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www.winecave .ca

Code	Product	Quantity	Price/Ea.	Total
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**Subtotal:**  
**Sales Tax:**  
**Total:**

Ship to:	Bill To (If Different):
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<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<i>Fax Number:</i>	<i>Fax Number:</i>
<i>Company:</i>	<i>Company:</i>
<b>Address:</b>	<b>Address:</b>
<b>City:</b>	<b>City:</b>
<b>State/Province:</b>	<b>State/Province:</b>
<i>Other State/Province:</i>	<i>Other State/Province:</i>
<b>Zip/Postal Code:</b>	<b>Zip/Postal Code:</b>
<b>Country:</b>	<b>Country:</b>

Please contact me with shipping charges included in my order. (If applicable)  
 Do not contact me include shipping charges in my order and charge my Credit Card. (if applicable)

The best time to contact me is from \_\_\_\_\_ to \_\_\_\_\_  
 I would like to pay with \_\_\_\_\_ Card # \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ .

Signature: \_\_\_\_\_