

Sheridan Napa Order Form

CREDIT CARD BILLING INFO

Name: _____
 Address: _____
 City, state, zip: _____
 Phone: _____

SHIPPING INFORMATION (No PO Boxes)

Name: _____
 Company: _____
 Address: _____
 City, state, zip: _____
 Email: _____

WINE	# of 3-Packs	3-Pack Price		TOTAL
<i>All wines will be shipped as conditions allow.</i>				
2013 Cabernet Sauvignon		\$150		
Shipping (Please Circle One)	Ground	2-Day	Overnight	
For Exclusive Member pricing, please contact Karen@SheridanVineyard.com Current shipping costs will be sent in a confirmation email prior to fulfillment.		WA Resident Sales Tax 9.9%		
		ORDER TOTAL		

I certify that I am at least 21 years of age (please sign): _____

Visa or MC#: _____ Exp. Date: ____/____/____ CVC Code: _____

Check: Please make checks payable to:

Sheridan Vineyard
 4957 Lakemont Blvd. SE
 C4 Box 187
 Bellevue, WA 98006

425.401.0167 Tel
 425.746.1860 Fax