



## GENERAL ORDER FORM

### ITEM

PRODUCT CODE(S): \_\_\_\_\_

PRODUCT NAME(S): \_\_\_\_\_

PRODUCT COLOUR: \_\_\_\_\_

PRICE:(  CDN  U.S.) \$ \_\_\_\_\_ QUANTITY: \_\_\_\_\_ Associated Shipping Charge: \$ \_\_\_\_\_

ORDER TOTAL: \$ \_\_\_\_\_

### BILLING ADDRESS

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SHIPPING ADDRESS [ Same as above]

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION

Type of Payment

Cheque       Visa       Master Card       AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_      Verification Code: \_\_\_\_\_ (3-4 digits on the back of your card after the card number)

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Which search engine or source did you use to find us? \_\_\_\_\_

Rosehill Wine Cellars

Toll Free: 1-888-253-6807 | Phone: 905-275-0979 | Fax: 905-275-0973

[info@rosehillwinecellars.com](mailto:info@rosehillwinecellars.com)