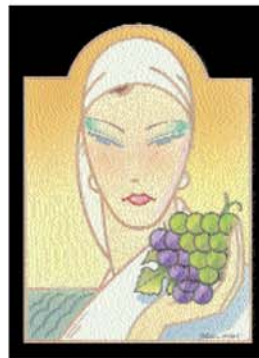


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BILL TO:		DATE	SHIP TO:		DATE
NAME			NAME		
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE		ZIP
CREDIT CARD		EXP. DATE	SHIPPING & PACKAGING COST ADDITIONAL INDICATE PHONE TO CALL FOR SHIIPPING APPROVAL		
CHECK	CASH		PHONE		

CASES	BOTTLES	VARIETAL	UNIT COST	PRICE
Shipping and Packaging Cost				
Sales Tax				
TOTAL				

Additional Notes: