

PO Box 248, Albany WA 6331 Telephone (08) 98412 848

Email: <u>info@wignallswines.com.au</u>
Website: wignallswines.com.au

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ORDER FORM

Wine volumes that can be freighted to your door or PO Box are in or twelve (12 bottle) cartons or six (6 bottle) cartons. It is fine if you want to mix your cartons with various wines from our selection.

Our **Place an Order** webpage allows you to simply lodge your order online. The form generates an email to Wignalls and, for your convenience and records, also emails you with the details of your order.

Security - To ensure your security, Wignalls has nominated to PHONE YOU DIRECT to obtain your credit card details - this call will usually be made within three working days of your order. Please feel free to ask any details of your order from our staff, to guarantee our authenticity.

Delivery of your wine - If you are not home at the time of delivery, Australia Post will leave a card with instructions for collecting your wine at your local Post Office – this can be over ridden with a specific note from you stating "If no one home, please leave on veranda" as an example in the special instructions area. Please note - Australia Post will NEVER go around the side or rear of a property for a delivery, and if you nominate to leave wine without being on site then this is at purchases risk.

THANK YOU for your investment in excellence

WINE	_	PER OTTLE	PER CASE (*12 / ^6)	Q	UANTITY	TOTAL (\$)
2023 Sauvignon Bland	S	20.00	\$240.00 *			
2022 Chardonnay (unwooded)		20.00	\$240.00 *			
2023 Premium Chardonnay		35.00	\$420.00 *			
2022 Pinot Noir		42.00	\$504.00*			
2022 Cabernet Merlot		20.00	\$240.00 *			
2023 Shiraz		29.00	\$348.00 *			
2022 Moscato		16.80	\$201.60 *			
Old Tawny N/V		18.50	\$222.00 *			
2023 Albany Dew Rosé		16.80	\$201.60 *			
Claire's Mistella N/V – (White Port Style)		25.00	\$150.00 ^			
DELIVERT INSTRUCTIONS:						
NAME: (Mr/Mrs/Ms/Dr)						Post Cod
DELIVERY INSTRUCTIONS: NAME: (Mr/Mrs/Ms/Dr) ADDRESS: TELEPHONE (HOME):		TELE	PHONE (WORK) :			Post Cod
NAME: (Mr/Mrs/Ms/Dr) ADDRESS:		TELE				Post Cod
NAME: (Mr/Mrs/Ms/Dr) ADDRESS: TELEPHONE (HOME):	SIGNATURE	EMA	3/4 nu	ımber	verificatio	Post Cod
NAME: (Mr/Mrs/Ms/Dr) ADDRESS: TELEPHONE (HOME): MOBILE: edit Card Number	SIGNATURE Date:	EMA	3/4 nu	umber	verificatio	

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Office Use Only