ORDER FORM

Name: _____ Phone: _____

Address: _____ Email: _____

_____

To order, please send back the completed order form by fax (0049-6742-8967226) or Email. We will send you a order confirmation and ship the parcel complete with insurance immediately after receipt of payment.
Please feel free to contact us anytime if you have any further questions.

No	Winery	Wine	Quantity	Price

Payment via:

A) Credit Card:

Name of CC holder:_____ CC Number:_____ Expiry Date:_____

B) International Bank Transfer: KSK Rhein-Hunsrück, IBAN: DE 5605 1790 0001 1021 85 BIC: MALADE51SIM

C) Paypal to: cfirnkes@chocobarshop.com

Vineum