CROWN WINE SHIPPING

459 HEALDSBURG AVE
HEALDSBURG, CA 95448
707.473.0644

Date _____

Reference Number

SHIP TO ☐ Business ☐ Residence

First Name Last Name

Company

Address

City State Zip

Phone Email

SENDER

First Name Last Name

Phone

Email

PLEASE LIST THE QUANTITY OF EACH BOTTLE SIZE, VINTAGE YEAR AND TYPE OF WINE.

| 375 ML | 750 ML | 1.5 L | NON WINE | DESCRIPTION | $ INS. VALUE $2 PER $100 |
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**SPECIAL INSTRUCTIONS** _____

○ GROUND ○ 3 DAY AIR ○ 2 DAY AIR ○ NEXT DAY AIR

○ HOLD SHIP DATE _____

ACCT _____ CARD TYPE _____

EXP DATE ____/____

**I understand and agree to the terms and conditions stated on page 2 of this contract.**

*Tracking: Packages may be tracked online at ups.com with the reference numbers, destination zip code and country.

**Signature** _____

**CHARGES**

WINE SHIPPING _____

INSURANCE _____

MISC./PKG. _____

RES. FEE _____

ADULT SIG _____

OVER WEIGHT _____

COLD TRAIN _____

SALES TAX _____

**TOTAL $** _____

## CROWN WINE SHIPPING USE ONLY

A____ B____ C____ D____ E____ F____ G____

**Insurance** ____ ____ ____ ____ ____ ____ ____