VINTAGE RESERVE

CURATED SOMMELIER SELECTIONS

Invoice: #_____

Date: _____

Billed To:

_____
_____
_____

Subscription Tier:

_____

Delivery Frequency:

_____

DESCRIPTION	REGION/VINTAGE	QTY	AMOUNT
Monthly Subscription Box	_____	_____	$ _____
Additional Member Selection	_____	_____	$ _____
Shipping & Handling (Insured)	-	-	$ _____

Subtotal: $ _____

Tax (___%): $ _____

Total Amount: $ _____

Thank you for choosing Vintage Reserve. Please enjoy responsibly.

A signature of a person 21+ is required upon delivery.