

Cefalu' Family Vineyards Order Form

To place your order, please print and complete this form.

You may **FAX** your completed form to:
(707) 967-9719

Or, you may **MAIL** your completed form to:
Cefalu' Family Vineyards
2600 Silverado Trail North
Saint Helena, California 94574

Item	Price	Total
2003 Michael Anthony	\$55.00 / 750 MI. Bottle x XXXXX Bottles =	\$ SOLD OUT
2004 Michael Anthony	\$55.00 / 750 MI. Bottle x _____ Bottles =	\$ _____
2005 Michael Anthony (Available April 2008)	\$55.00 / 750 MI. Bottle x _____ Bottles =	\$ _____
	Sub-Total \$	_____
	Order 6 bottles and receive a 5% discount (-\$16.50)	
	Order 12 bottles and receive a 10% discount (-\$66.00)	- Discount \$ _____
	+ 7.75% Sales Tax for CA Orders Only \$	_____
	Total for Michael Anthony order \$	_____

2001/2002/2003 Camporsoli	\$30.00 / 750 MI. Bottle x XXXXX Bottles =	\$ SOLD OUT
2004 Camporsoli	\$30.00 / 750 MI. Bottle x _____ Bottles =	\$ _____
2005 Camporsoli (Available April 2008)	\$30.00 / 750 MI. Bottle x _____ Bottles =	\$ _____
	Sub-Total \$	_____
	Order 6 bottles and receive a 5% discount (-\$9.00)	
	Order 12 bottles and receive a 10% discount (-\$36.00)	- Discount \$ _____
	+ 7.75% Sales Tax for CA Orders Only \$	_____
	Total for Camporsoli order \$	_____

	Total combined order cost for Michael Anthony & Camporsoli orders \$	_____

* CA Residents: All shipping fees are included in your order total.

** Non-CA Residents: Your order total plus shipping costs will be billed based on current rates and added to the final cost of your order. If paying by check/money order, we will contact you prior to shipping to inform you of your shipping fees.

*** Upon delivery, all orders will require a signature by someone 21 years of age or older.

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Customer Details:

Name _____

Address _____

City _____

State _____ Zip _____

Daytime Phone # _____

Email Address _____

Shipping Address: (We cannot ship to a P.O. Box)

Same as above? (Circle one) Yes No. Ship to address below.

Name _____

Address _____

City _____

State _____ Zip _____

Payment Method: (Circle one)

Check/Money Order Visa Master Card

Cardholder Name _____

Card Account Number _____

Expiration Date _____