



Current Wine Offerings

Please fill in the form completely and fax back to us at **805-730-1086**.
For more info call **805-730-1680** or e-mail us at **info@whitcraftwinery.com**

Shipping Information:

Name _____ Phone _____ *(IMPORTANT)*

Street _____ City _____ State _____ Zip _____

E-mail _____

_____ Bottles / 2016 Sta Rita Hills Pence Ranch Chardonnay @ \$50 = _____

_____ Bottles / 2016 Santa Maria Valley Presqu'ile Vineyard Chardonnay @ \$50 = _____

_____ Bottles / 2016 Santa Maria Valley Presqu'ile Vineyard Pinot Noir @ \$65 = _____

_____ Bottles / 2016 Santa Barbara County KickOn Vineyard Pinot Noir @ \$65 = _____

_____ Bottles / 2016 Santa Barbara County Pinot Noir @ \$40 = _____

_____ Bottles / 2016 Paso Robles Highlands French Camp Vineyard Lagrein @ \$34 = _____

_____ Bottles / 2017 My Friend Matt's Vineyard Syrah @ \$38 = _____

_____ Bottles / 2017 Ballard Canyon Stolpman Vineyard Grenache @ \$45 = _____

_____ Bottles / 2017 Santa Rita Hills Pence Ranch Clone 115 Pinot Noir @ \$65 = _____

_____ Bottles / 2017 Santa Rita Hills Pence Ranch Pommard Clone Pinot Noir @ \$65 = _____

_____ Bottles / 2017 Santa Barbara County Shokrian Vineyard Pinot Noir @ \$65 = _____

_____ Bottles / 2017 San Luis Obispo County Quinta Del Mar Pinot Noir @ \$65 = _____

_____ = _____

_____ = _____

Subtotal = _____

Deduct 10% for Wine Club Members or orders of 12 bottles or more (if applicable) - _____

Subtotal (incl. discount) = _____

Everyone add 8.75% sales tax (credit cards are run on-site) + _____

Subtotal (incl. tax) = _____

Ship my wine

I'll pick it up

Standard Ground Shipping (write \$0 for pick-up) + _____

We will inform you in advance if we cannot ship to you because of your state's laws and look for an alternative method.

Add \$10 per bottle for shipping. Also, please add \$5 for home delivery.

Please note: If you prefer 2-day, 3-day, or Next-day shipping, we will charge you upon shipping

Ship Date: _____ or ASAP **Total** = _____

Method of Payment: CREDIT CARD - Visa, MasterCard, or American Express

Name on Card _____ Zip code _____ *(Billing one)*

Card Number _____ Expiration Date _____ Security Code _____