



## Genevieve Wine & Travel

1441 Irving St.  
San Francisco, CA. 94122-2015  
Phone: (415)-822-2222

Fax: (925) 226-1950  
Email: [info@genevievewinetravel.com](mailto:info@genevievewinetravel.com)

Customer Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State and Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email address (optional): \_\_\_\_\_

**\*\*Customer/shipping information: A business address is recommended. Federal Law requires an adult signature on all deliveries of wine. Orders will begin shipping as soon as temperatures along the shipping route allow for safe transport of your wine. If shipping information is different from above, please fill out information below:**

Shipping Recipient's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Payment type: Visa \_\_\_ Mastercard \_\_\_ Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ (located on back of card)

Products available for purchase: Please inquire prices for large format bottles.

2018 Rosé, Napa — 750ml	\$54.00/ per bottle x _____ (QTY) = _____
2018 Merlot, Napa — 750ml	\$75.00/ per bottle x _____ (QTY) = _____
2019 Sauvignon Blanc, Napa — 750ml	\$54.00/ per bottle x _____ (QTY) = _____
2019 Muscat, Napa — 750ml	\$54.00/ per bottle x _____ (QTY) = _____
2019 Cabernet Sauvignon, Napa — 750ml	\$100.00/ per bottle x _____ (QTY) = _____

Merchandise total \$ \_\_\_\_\_  
Sales Tax (see tax calculation below) \$ \_\_\_\_\_

CA: 8.00 sales tax on wine total (applies to all orders shipped with the CA or picked up at the winery)

Shipping and Handling (see tax calculation below) \$ \_\_\_\_\_

UPS 2-3 days Ground. Available within CA, ID, MO, OR, WA state ONLY.  
750ml shipping rates: 1 to 3 = \$18.00, 4 to 7 = \$25.00, 8 to 12 (1 case) = \$32.00

**\*Additional \$5.00 for all shipping.**

\* For UPS Ground Insurance, please add an additional 35 cents per \$100.00 of insured value.

Total Cost \$ \_\_\_\_\_



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### Invoice

Represented By:  
**Genevieve Wine**

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO BUHMANWINES.COM**

Bill To:

Ship To:

Customer Phone: \_\_\_\_\_

Customer Fax: \_\_\_\_\_

Delivery Details	<b>THURS OR FRI ONLY</b>
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Ship Date:	Rep:	Ship Via:	Attention:	Resale #:	ABC License:
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Quantity	Description	Price Level	List Price	Price Each	Amount

Please pay from this invoice and remit to above address. Thank you for supporting our wines!	<b>Total:</b>
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**Invoices are due 30 days past delivery**