Capra Collina Winery Order Form

Billing Address:

Name _____

Address _____

_____

City _____ State _____ Zip _____

tel _____ secondary tel _____

fax (if any) _____

e-mail (if any) _____

Credit card/check/money order: (check one)

❑ Visa ❑ Mastercard ❑ Check ❑ Money Order

Card Number: _____ Exp. Date _____

Shipping Address (if different from billing address):

Name _____

Address _____

_____

City _____ State _____ Zip _____

tel _____ secondary tel _____

Item	Cat#	Description	Price (ea.)	Qty	Total Amount

Subtotal _____

(PA residents, add 6% sales tax) _____

Total* _____

*Note: Overall total amount does not include shipping and handling

mail/fax your order to:

Capra Collina Winery

132 Constitution Avenue • Jessup, PA 18434

tel 570.489.0489 • fax 570.383.9050 • www.capracollinawinery.com

e-mail gregg@capracollinawinery.com