

ORDER FORM

To become a member of the Saviah Cellars Wine Club, please complete the information below and return via mail or fax:

4-Bottle Club Member

I would like: _____ White and _____ Red

6-Bottle Club Member

I would like: _____ White and _____ Red

12-Bottle Club Member

I would like: _____ White and _____ Red

Name*: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Payment Type: Visa MasterCard

I understand that my credit card will be billed for the wine plus applicable tax and shipping charges at the time of each shipment.

Card #: _____

Exp. Date: _____

Signature: _____

* By signing up for the wine club, you certify that you are at least 21 years of age.