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## Wine Tasting Request Form

California Wine Cellars Inc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Information | | | | | | |
| Account Name: | (New list) | | | License #: |  | |
| Type of Business: | | | (Liquor Store, Restaurant, KTV/Bar, Others) | Date: | | (select) |
| Contact Name: | |  | | | | |
| Phone number:  Email address:  Address: | | | City:       State:       Zip Code : | | | |
|  | | | | | | |
| Requests | | | | | | |

Proposed date(s) of tasting event

* First desired date:                           (select)

* Second desired date:                      (select)

Proposed time of tasting event

* First desired time:

From:            To:            (select)

* Second desired time:

From:            To:            (select)

\* Our promotions are usually three hours long but, we would like to add more under your request.

We have a list of outstanding California wines. Tell us which one or more you want for this tasting.

(typing )

What is expected of this tasting event?

|  |
| --- |
| Comments and Additional Requests |

We hope our customers have an excellent experience, please let us know if you have any special request.

Additional Comments:

Requests: