Pick up / Delivery Request Form

Telephone: **(08) 9244 4500** Operations Fax: **(08) 9242 7561**

Client Name: _____

Client Signature: _____ **Date:** _____

Office Use: Received: _____ Processed by: _____

WineX Case Number	**Quantity** (See * below)	**Bottle Description** Vintage / Producer / Label/ Variety (Note: If you do not have a Stock Report please put 'NSR')

* If you wish to retrieve the whole case write ' WC' under Quantity.

Note: This fax must be received by 4.00PM on the working day prior to collection.

Date Required: _____ **Time:** AM / PM

☐ **I will collect the wine myself from the OSBORNE PARK facility.**

☐ **Please deliver to my** Home / Office / Other

Number / Street _____

Suburb _____

State _____ Postcode _____

Instructions _____