



ALLOCATION REQUEST

Please complete and fax or mail us your "allocation request"

I request that the following allocation be reserved in my name.
I understand that one release will be made each year and that payment will be due upon pickup or shipment

145 E. Curtis Ave.
Walla Walla, WA 99362
USA

phone/fax (509) 525-0231

info@ensemblecellars.com

ensemblecellars.com

ITEM	QUANTITY
3 bottles (min.)	_____
6 bottles	_____
Case	_____
Magnum	_____
Other _____	_____
	TOTAL _____

NOTES: --Larger Format Bottles are available upon request
 --A minimum of three 750ml bottles required per allocation

I will pickup _____ Please ship _____

First Name Middle Initial Last Name

Address

Phone E-mail

Signature Date

By placing this order, you assure us that you are at least 21 years of age, and the recipient of delivery is at least 21 years of age.