



Lifford Order Form

The following 2-page form should be completed in full and faxed to (416) 440-2726.

Quantity (Cases)	Btls/Case	Price/ Bottle	Total Price/Case
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Name: _____

Shipping Address: _____

Telephone Number: _____

Email Address: _____

Billing Address (if different): _____

Form of Payment: _____ VISA _____ MasterCard _____ American Express

Credit Card Number: _____ Expiry Date: _____

Name on Credit Card: _____

My signature indicates that I am authorizing Lifford to charge my credit card for the total amount of my order including, if applicable, the ten-dollar administrative charge. I understand that my card will not be charged until my order is shipped.

Signature: _____ Date: _____

Best time of day for delivery: _____

Special Instructions: _____

Please take note that Lifford's delivery days for consumer orders are Monday and Tuesday. We will contact you upon receipt of your order to finalize delivery details.