



- THIS FORM MUST ACCOMPANY SAMPLES -
and please email form to: tasting@winestate.com.au

Email: tasting@winestate.com.au OR Fax: +61 (0) 8 8357 9212

DISCLAIMER: Details given below will be taken as correct to be published in the magazine. Please make sure all details are correct/legible and wine name is how you would like it to be published. Winestate assumes no responsibility for missing or incorrect details. Price is required for ALL tastings (non-negotiable). One entry consists of 2 (TWO) bottles, unless otherwise advised.

Tasting submitting to: **BEST OF THE WEST**

Company supplying samples:

| | |
|-----------------|-------------|
| Contact person: | Position: |
| Phone number: | Fax number: |
| Email address: | Web: |
| Postal address: | |

| Principal Brand Name & Special Name (if applicable - i.e. Reserve/Single Vineyard) | Region (G.I.) (as stated on label) | Varietal (as stated on label) | Vintage | \$RRP (\$N/A if not provided) |
|---|---------------------------------------|----------------------------------|---------|----------------------------------|
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For additional entries please use a copy of this form.

***Disclaimer:**
 By entering this wine show I agree that the information I have supplied is correct and that the wines submitted meet the eligibility requirements.



- TAX INVOICE AU -

| | |
|------------------------|-------------------------------------|
| TASTING SUBMITTING TO: | BEST OF THE WEST |
| Date Submitted: | |
| Company Name: | |
| Number of Entries: | |
| Cost per entry - AUD | \$50.00 each (including GST) |
| TOTAL | \$ |

PAYMENT DETAILS (please complete and tick relevant box)

I enclose my payment by cheque

OR

Direct Deposit

ANZ Bank
BSB 015-208
Account No: 1981 44076

Date of transaction:

Transaction Reference: *(Please include co. name & tasting name)*

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OR

Visa Mastercard

No.

Cardholder's Name

Expiry Date

Signature

