



SPECIALTIES/IVV BOOKS ORDER FORM

Region _____ AVA # _____

Club/Individual Name: _____
Shipping Address (No post office boxes please) _____

Phone Number: _____

REQUIRED DELIVERY DATE: _____ SIGNATURE: _____ DATE: _____

All orders must be received at least 30 days prior to required delivery date. Clubs only: All payments are due no later than 30 days after statement date.

ITEM #	DESCRIPTION	QUANTITY	COST	TOTAL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____

Payment enclosed. Check # _____ Please bill. (Clubs only)

Please charge my: Visa Mastercard Discover

American Express Diners Club Carte Blanche

Card #: _____ Exp. date _____

Signature: _____

SUBTOTAL _____

Discount (if applicable) _____

In Texas Add Sales Tax + _____

Shipping & Handling + _____

TOTAL _____