



# Customer Request

Please Fill Out Completely So We Can Respond In a Timely Manner

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(May we leave Messages? Y or N)

(May we use this to send Messages? Y or N)

Main Interest Wine (Selection, Quantity, Wrapped - Fill Out Shipping Form)

\_\_\_\_\_ Accessory (Selection, Quantity, Wrapped - Fill Out Shipping Form)

\_\_\_\_\_ Basket (Value, Theme - Fill Out Basket Form)

\_\_\_\_\_ Custom Label (Wine Selection, Quantity, Theme, Fill Out Label Form)

Desired Date \_\_\_\_\_ (Allow 2 weeks for custom labels and 48 hours for all other requests.)

Delivery \_\_\_\_\_ Pick Up \_\_\_\_\_ Shipping \_\_\_\_\_

1772 S. Randall Rd, Ste 220  
Geneva, Illinois 60134



630-208-6424  
www.gibbys-wine.com