



Beavers Dinner Wine Order Form

Completed orders must be emailed to Angelica.Mendez@Marriott.com by January 4th.
Subject line to read **“Beavers Wine Order Form”**

You may also fax your form to 213.743.3543 Attention: Angelica Mendez.

Please fill out this form for your Beavers 2019 Awards Dinner Wine Selection. Select your choice of wine and quantity for your company table and fill out the cardholder information with a signature for the approved charges.
Please provide all the information below to ensure prompt processing of your order.

Name of Guest _____ Phone Number _____

Company Name _____ Table Number(s) _____

Wine Selections and Approved Charges

White Wines

Jordan, Chardonnay	\$176	Quantity _____
Pighin Pinot Grigio	\$121	Quantity _____
Seven Falls, Chardonnay	\$98	Quantity _____
Stone Cellars, Pinot Grigio	\$72	Quantity _____
Whitehaven, Sauvignon Blanc	\$91	Quantity _____
Copper Ridge Vineyards, Chardonnay	\$71	Quantity _____

Red Wines

Justin, Cabernet Sauvignon	\$136	Quantity _____
Aquinas, Cabernet Sauvignon	\$121	Quantity _____
Bele Glos “Meiomi” Pinot Noir	\$125	Quantity _____
Columbia Crest, Merlot	\$102	Quantity _____
Century Cellars by BV, Merlot	\$78	Quantity _____
Copper Ridge, Cabernet Sauvignon	\$71	Quantity _____

Sparkling Wines

Dom Perignon	\$599	Quantity _____
Veuve Clicqot Brut “Yellow Label”	\$232	Quantity _____
Anna De Codorniu, Blanc De Blanc Brut	\$89	Quantity _____

Prices **include** service charge and tax

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual Corporate _____

Account number: _____ Exp. date: _____ CVC: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate. I hereby authorize the **JW Marriott Los Angeles at LA Live** to collect payment for all charges as indicated in the Wine Selection and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Internal Use Only:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____

Table Number: _____