

SPECIAL ORDER REQUEST FORM

West Virginia Alcohol Beverage Control Administration
322 70th Street SE Charleston WV 25304
Facsimile (866) 558-6178

ORDER DATE: _____

STORE NUMBER/NAME: _____

CONTACT: _____

PHONE NUMBER: _____

FAX NUMBER: _____

STATE CODE NUMBER: _____

BRAND NAME: _____

BOTTLE SIZE: _____

QUANTITY: _____

Fax this form to the Order Entry Department to place your special order. You will receive a fax confirmation when the order is been placed with the vendor.

ORDER ENTRY USE ONLY

VENDOR NUMBER/NAME: _____

CONTACT: _____

FAX NUMBER: _____

DATE ORDERED: _____

COMMENTS: _____
