

First, please tell us about your project

This wine racking will be used in a...

- Restaurant Bar/Nightclub Hotel/Resort Casino Tasting Room
 Country Club Other Please describe: _____

The wine racking will be:

- A wine cellar (not in public view)
 A wine cellar (in public view)
 Behind a bar or counter area

The wine racking is intended to be:

- Showcase Practical Storage A little of both

How many bottles are you intending to store? _____

How many varietals are you planning to present? _____

What percentage of these types of bottles will you be storing?

- | | | | |
|----------------------|---------------------|----------------------|----------------------|
| <input type="text"/> | 750ml Std. Bordeaux | <input type="text"/> | 750ml Burgundy/Pinot |
| <input type="text"/> | 1.5L Magnum | <input type="text"/> | Champagne |
| <input type="text"/> | 375ml Split | <input type="text"/> | Wood Cases |
| <input type="text"/> | Jeroboam & Larger | <input type="text"/> | Other |

What is your timeline for completion? _____

Who will be assembling and installing the wine racking?

- I will be installing myself
 Builder/Contractor
 I need installer recommendations

How would you describe your budget?

- I'm looking for the best quality and design and price isn't the main deciding factor.
 I'm on a tight budget and every dollar counts.
 I'd like to be practical, but I'm willing to spend a little extra on the right design if necessary.

Environmental control preferences

Does your business offer by-the-glass wine service?

- Yes No

If yes, what type of preservation system are you using? _____

Will your wine storage require a cooling system?

- Yes No Not sure

What type of cooling unit will best suit your needs?

- Through the wall Split system
 Ducted unit Not sure

Please describe where the cooling system will be located. _____

Other Notes

Let us know anything else about your project including wood preferences, racking styles or finishes.

Contact Information

Full Name _____

Daytime phone _____

Email address _____

Fax _____

Shipping Address _____

City _____ State _____ Zip code _____

What is your preferred method of contact? Phone Email

What is the best time to contact you? _____

Please fax the completed form along with any additional room layout information to 845-658-5309
You can also mail your questionnaire to WineRacks.com Inc PO Box 67 High Falls, NY 1244C