



Bestell-Liste für Ihr Tasting

Veranstaltung:

Datum:

Bestellung für

Name, Vorname:

Anschrift:

Telefon-Nr.:

Kunden-Nr.:

(falls vorhanden)

Anzahl der Flaschen:

Summe:

| Nr. | Whisky | Abfüllung | Region & Alkohol in vol. % | Preis in € | Menge | Summe |
|-----|--------|-----------|----------------------------|------------|-------|-------|
| 1 | | | CAMPBELTOWN - 46 % vol. | | | |
| 2 | | | LOWLANDS - 46,7 % vol. | | | |
| 3 | | | SPEYSIDE - 48% vol. | | | |
| 4 | | | ISLE OF RAASAY- 46,4% vol. | | | |
| 5 | | | ISLE OF ARRAN- 56,2% vol. | | | |
| 6 | | | TEL AVIV - 59,4% vol. | | | |
| 7 | | | ISLAY - 46,6% vol. | | | |
| 8 | | | | | | |
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