



## Written Rural Order Form

**Customer Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_ Village/City/Zip Code: \_\_\_\_\_

Phone Number (Required): \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Preferred Shipping: \_\_\_\_\_

Payment Type:  
 Credit Card \$ \_\_\_\_\_  Check (Amount) \$ \_\_\_\_\_  Money Order (Amount) \$ \_\_\_\_\_

**Required Signature:**

Alaska Statute requires that you MUST have a valid ID or Driver's License for all written orders.

By Signing Below:

I certify that I am over 21 years of age and legally eligible to purchase alcohol. I verify this product is not for resale. I authorize Aurora Nights Liquor to charge my credit card for all items and accrued charges.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*We reserve the right to substitute like product if product ordered is out of stock.\*\***

Product Requested	Quantity

**Order Submission Information:**

Phone (907) 222-5477 [Email: auroranightsliquor@gmail.com](mailto:auroranightsliquor@gmail.com)

**Mailing Address:** 301 E. Dimond Blvd Suite C, Anchorage, AK 99515

**New Customers:** Send photo copy of your ID (required). Please send photo copies (not responsible for lost ID's)

**Current Customers:** Please include ID number and current address on all orders.

**Prepayment is required for all product and the related shipping charges.**

Government Warning: Drinking alcoholic beverages such as beer, wine, wine coolers, and distilled spirits or smoking cigarettes during pregnancy may cause birth defects.