

WESTBEND
VINEYARDS
Wine Club

Authorization to Charge Credit Card for WBV Wine Club

The following information is necessary for us to complete your membership.

Please fill out this form completely.

Customer Name: _____

Contact phone number (required for shipping): _____

Birthday: ____/____/____

Ship to address (No P.O. Boxes please):

Address: _____

City State Zip: _____

E-mail address: _____

Adult Signature required at delivery.

CREDIT CARD INFORMATION:

Name as it appears on the card: _____

Account #: _____

Expiration Date: _____

Type of Card (circle one): VISA / MASTER CARD

Multiple Transaction Authorization:

The cost of wine will vary due to selection and shipping.

I have read and agree to the terms and conditions for my order from Westbend Vineyards.

I understand and agree that the credit card payment authorization here is absolutely non-refundable.

I understand and agree that delivery time for my order is approximately 2 weeks or less after payment.

Please charge my credit card as indicated above:

Signature: _____ Date: _____

This signature certifies that I am 21 years of age or older.

In order to receive benefits of club membership, you must present your membership card and picture ID.

PLEASE SIGN AND FAX TO 336-945-5294

Referred by: _____