

Credit Card Authorization Form



Please complete this form to authorize **Vintrendi Wine Company**, to charge the credit card listed below. PRINT or SAVE this form and return this form via email to wineclub@vintrendiwines.com or via text to **708.433.9463**.

NOTE: This is an interactive PDF form. After opening in Adobe Acrobat (or similar program), complete by typing in each field. Then save and email us your completed form. You may also print form, write clearly with black ink, then scan and email us your completed form.

Order Information:

Choose your Wine Club below:

Dry/ Semi-Sweet Wine Club

➤ Mix 3 bottles = \$30/month

Sweet Wine Club

➤ Mix 2 bottles = \$25/ month

Mix & Match Wine Club (all types)

➤ Mix 5 bottles = \$55/month

Only available to join on select months.

Choose monthly billing date below:

1st of the month

15th of the month

Billing Information:

Name
on card

Company

Billing
Address

City

suite,
box,
etc.

State

Zip
Code

Country

Phone

Email

if different from billing

Local Delivery or Out of State Shipping Information:

Name

Company/Attn

Shipping
Address

City

suite,
box,
etc.

State

Zip
Code

Country

Phone

Email

Credit Card Information:

Card Type select one Card Number

MC AMEX

VISA DISCOVER

Exp. Date

CARD CODE BILLING ZIP

/

MM YY

"I, _____, hereby authorize **Vintrendi Wine Company** to charge my credit card account in the amount of \$ _____ for the products and / or services listed above, applicable taxes and

S/H charges. I agree to be bound by the terms and conditions (see website) for this transaction, and I understand the sales policy of **Vintrendi**

Wine Co. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company;

so long as the transaction corresponds to the terms agreed upon."

By signing and dating this form you give us permission to debit your account for charges outlined above. These charges may include merchandise, services, taxes, expenses. All information provided herein will be kept strictly confidential.

, see your PDF software's HELP section)

(to add a signature digitally
Cardholder Signature

SIGNATURE

Today's Date

MM

DD

YYYY

address 339 Main St., Park Forest, IL 60466

email wineclub@vintrendiwines.com

phone 708.433.WINE (9463)