



Waters Crest Winery

Authorization to Charge Credit Card for WC Wine Club

Please fill out this form completely. The following information is necessary for us to complete membership. Please print clearly.

Customer Name: _____

Contact Number (required for shipping): _____

Email Address: _____

Date of Birth Monthly only: _____

Ship to home address (please no P.O. Boxes)

Pick up: _____

Address

Shipment: _____

City State Zip

Credit Card Information

Name(as it appears on card) _____

Type of Card: VISA or MASTERCARD

Account#: _____

Expiration Date: _____

Multiple Transaction Authorization:

Average coast is estimated between \$25-\$45 per shipment
(Plus shipping and Handling)

I have read and agree to the terms and conditions for my order from Waters Crest Winery, Corp. 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 after payment.

Please charge my credit card indicated above:

Signature: _____ Date: _____

This signature certifies that I am 21 Years of age or older

Referred By: _____ Date: _____

PLEASE SIGN AND RETURN

Fax#:631-734-5064

www.waterscrestwinery.com

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