

Purveyor of mushrooms and wild foods gathered sustainably and with passion since 1981

Visa/MasterCard Credit Card Payment Authorization Form

Please print, complete, sign and return this form with your completed order form to Wine Forest Ltd. Shipping will be calculated and added to your merchandise total. Orders normally ship with 24 hours of receipt via UPS Ground Service (unless other arrangements are made). Shipments outside of the mainland USA are subject to addition charges and documentation. You can apply for Net 15 credit terms by completing the Wine Forest Credit Application (please call or email for the application and additional information).

Ship to:		
Name:		
Company:		
Address:		
City, State, Zip:		
Phone:	Fax:	
Email:	_	
Billing Address (if different than shipping):		
Name:		
Company:		
Address:		
City, State, Zip:		
Account Type: Uisa MasterCa	ard	
Cardholder Name		
Account Number		
Expiration Date		
CVV2 (3 digit number on back of Visa/MC)	
Signature:	Date:	
I authorize the above named business to charge the credi	it card indicated in this authorization form acco	rding to the terms outlined
above. This payment authorization is for the goods/service	·	
amount indicated above only, and is valid for one time use	e only. I certify that I am an authorized user of	this credit card and that I wi

amount indicated above only, and is valid for one time use only. 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 indicated on this form.