



435 West Colfax #101 Denver,  
Colorado 80204 303.832.8007  
[members@winedispensary.com](mailto:members@winedispensary.com)

## Wine Dispensary LLC Credit Card Authorization Form

By signing these Terms and Conditions, you:

- Authorize Wine Dispensary LLC to process any payments for agreed products and services, but not limited to deposits and/or final balance payments, products, taxes, monthly fees, bimonthly fees, annual fees and services provided by Wine Dispensary LLC.
- Accept full responsibility for monitoring and controlling your own consumption of any and all alcoholic beverages. Wine Dispensary LLC is not responsible for any effects or actions resulting from your consumption of alcoholic beverages that you may have prior to, during or after consumption of alcohol.

### Cardholder Information

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

Company Name: (Optional) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Optional) (For birthday specials) Birth Date: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

If you are not the cardholder please fill out the following information.

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

Title/Affiliation. (Please check one) Representative: Spouse: Friend:

Direct Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Credit Card Information

Card Type. (Please check one) Visa: MC: AMX: Discover: Debit:

Card Number: \_\_\_\_\_ Expiration Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ CVV #: \_\_\_\_\_

I hereby state that all personal information is correct and you agree to all of the Terms and Conditions.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_