

D'vine VIP Wine Club

Date: _____

Name: _____

Street Address: _____

City: _____ Zip: _____

eMail: _____

Phone #: _____

Credit Card #: _____

Expiration Date: _____ Credit Card Type: _____

Security Code: _____

Signature: _____

(Sign to authorize monthly charges on your credit card)

Office Use Only:

	Date & Initials	Notes
<input type="checkbox"/> Added membership in system	_____	_____
<input type="checkbox"/> Added CC# to Bulk Processing	_____	_____
<input type="checkbox"/> Added to eMail List	_____	_____
<input type="checkbox"/> Cancelled	_____	_____