

bc wine shop.com

PREMIUM BC BOUTIQUE WINES

Client Information Sheet

Business Name: _____

Shipping address: _____

Licensee Number: _____

Business Phone Number: _____

Fax Number: _____

Email Address: _____

Method of Payment: Visa Mastercard Cheque

Visa/Master Card Number: _____

Expiry Date: _____

Authorization Name on Credit Card: _____

I _____ (cardholder), hereby authorize the processing on the above noted credit card of all invoices payable to the wineries Anderson & Son act on behalf of,

I am aware that this information will be kept in a confidential file and will be used only for payment on wine until the cardholder notifies **Anderson & Son Wine Brokerage** otherwise.

Cardholder Signature

Date _____

Please fax to (250) 493-9444