

LIBERTY™

WINE MERCHANTS

100-291 East 2nd Avenue
Vancouver BC V5T 1B8
(604) 739-7801

CREDIT CARD AUTHORIZATION FORM

Credit Card Type (please check one):

- VISA
 MASTER CARD
 AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ 3-Digit CV Code: _____

Name of Card Holder: _____
(as it appears on the card)

Driver's Licence Number: _____

Expiration Date: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email address: _____

Company: _____

As per Store/Consultant (Name): _____

Store Invoice/Quotation Number: _____

I agree that liability for this bill is not waived and that I personally guarantee payment if the cardholder fails to pay for any part or all of these charges.

Authorization:

SIGNATURE

DATE

When this form is complete, please fax or email it back to Liberty Wine Merchants, along with a photocopy of your credit card showing the cardholder's name, number and expiry date, plus a valid driver's licence or country passport.

FAX TO: (604) 739-7800 or
SCAN TO: info@libertywinemerchants.com

Robert G. Simpson
General Manager, Liberty Wine Merchants

(Place credit card copy here)

(Place driver's licence copy here)