

i m b i b e

WINE AND SPIRITS MERCHANT

Wine of the Month Customer Information

Purchaser: _____

Address: _____

Purchaser Phone: _____ Fax: _____

Recipient: _____

Address: _____

Recipient Phone: _____ **E-mail:** _____

Frequency: Monthly / Quarterly Number of Bottles: _____ Value: _____

You may cancel at any time. Both fixed length and open-end enrollments are welcome. Shipments are sent during the first week of each month unless otherwise requested.

Ship/Will Call: _____

Credit Card #: _____ Exp Date: _____

Billing Address & Zip Code: _____ Security Code: _____

E-Mail Address: _____

Wine Preferences/Comments: _____
