



Client Information Sheet

Business Name _____ LIC# _____

Shipping Address _____

Licensee Type LICENSEE LRS RAS WIN

Business Phone# _____ Fax # _____

Manager Name _____ Email _____

Accountant and Phone# _____

Payment Method VISA MASTERCARD CHEQUE

Card # _____

Expiry Date _____ Name on Card _____

I, _____ (cardholder) hereby authorize the processing on the above noted credit card of all invoices payable to the wineries and distilleries Carpe Diem Wine Sales acts on behalf of.

I am aware that this information will be kept in a confidential file and will be used only for payment until the cardholder notifies Carpe Diem Wine Sales otherwise.

Cardholder Signature

Date _____