



# MIETZ CELLARS

## AUTHORIZATION TO SHIP

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## AGREEMENT:

MY SIGNATURE AUTHORIZES MIETZ CELLARS TO AUTOMATICALLY CHARGE MY CREDIT CARD TWICE A YEAR FOR SPECIAL WINE SHIPMENTS. I AM AT LEAST 21 YEARS OF AGE. I CAN CANCEL THIS AGREEMENT AT ANY TIME AS LONG AS THE SHIPMENT HAS NOT BEEN SHIPPED. PLEASE NOTIFY MIETZ CELLARS BY MAIL. I MUST NOTIFY MIETZ CELLARS OF ANY ADDRESS CHANGES AND ANY CHARGES DUE TO INCORRECT ADDRESSES GIVEN ARE MY RESPONSIBILITY.

MAIL OR FAX THIS FORM TO:  
MIETZ CELLARS  
1345 WEST DRY CREEK RD.  
HEALDSBURG, CA. 95448

FAX (707)433-8578