



Credit Card Authorization Form

Name (as it appears on the card): _____
(Please print)

Billing Address: _____

Phone Number: _____ Email: _____

Credit Card: VISA Mastercard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Security Code (3 digits on BACK of VISA or Mastercard): _____

Or Security Code (4 digits on FRONT of American Express): _____

Amount to Charge: \$ _____

One-time charge or Monthly charge

I hereby authorize Mitas Hill Vineyard LLC to charge the amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder's Signature: _____ Date: _____

Accepted by: _____
(Mitas Hill Representative)

All information will remain confidential.

