

11^{st} R.O.W. estate winery

104-2762 190th Street Surrey, BC V3Z 3W6 PH: 604-542-5075 winery@1row.ca

LICENSEE/LRS #		
BUSINESS NAME		
ADDRESS		
PHONE/FAX	(P)	(F)
A/P NAME		
A/P EMAIL		
PST #		
☐ CHEQUE (PAYABLE TO 1 ST ROW WINERY	CREDIT CARD WITHIN 21 DAYS)	
□ VISA CREDIT CARD NUMBER	☐ MASTERCARD	☐ DISCOVER
EXPIRY DATE		
SECURITY CODE ON BACK	COF CARD	
I, be responsible for the payme	, or nt of products delivered plus ap	n behalf of the business identified, agree to oplicable taxes.
all invoices payable to them o	n the above credit card. I am a	y authorize 1 st ROW Estate Winery to process aware that this information will be kept in a older notifies 1 st ROW Estate Winery
AUTHORIZING NAME (PR	INT)	
AUTHORIZING SIGNATUR	E	
DATE		
The above signed representative business identified.	e agrees that he/she has the autho	ority to execute this agreement on behalf of the