



Customer Account Form

Instructions: 1) Print and complete form. 2) Sign where indicated. 3) Submit by email or Fax.	Submit to: VOLCANIC HILLS ESTATE WINERY 2845 Boucherie Rd, West Kelowna, BC, V1Z 2G6
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Licensee/ Agent / LRS #: _____

Company Name: _____

Company Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Accounts Payable Name: _____

Accounts Payable Email: _____

PST Number # _____

Payment (Terms: due upon receipt):

Cheque (payable to Volcanic Hills Estate Winery)

Credit Card (please choose one)

Amex

Visa

MasterCard

Discover

Credit Card Number _____

Expiration Date ____ / ____ Security Code (on back of card) _____

I, _____, hereby authorize VOLCANIC HILLS ESTATE WINERY to charge my Credit Card for all services/products rendered.

Authorizing Signature*

Date

*The above signed representative agrees that he or she has the authority to execute this agreement on behalf of the business identified.