

BILLING INFORMATION

Name (one name only)		
Date of Birth	Phone	
Billing Address		
		-
City	State Zip	_
Email		
SHIPPING INFORMA	TION (provide if different th	han above)
*Cannot ship to PO Boxes		
*An adult (21+) must sign for delivery		
Delivery Preference for Quarterly Shipn	nents (choose one)	
Pick Up at Winery		
Ship to address provided below		
Address		
City	State	Zip
Phone	Email	
WINE CLUB SELECTION (select one)		
Fireside Winery Blend Wine Club - A	blend of wines from sweet to dry, red and	white.
Fireside Dry Wine Club - All dry wine	es, both red and white	
Fireside Sweet Wine Club - All sweet wines, both red and white		
Best of Both Wine Club - A selection	of three sweet wines from Ackerman Wine	ery and Fireside Winery
Our Fireside or Yours Wine Club - Cu	istomer can select the same three wines the	ey wish to have shipped to them each quarter.
(Call the Winery to select wines for this o	club)	
A COFFIAEN IT		
AGREEMENT		
contact me to charge my credit cardagree to pay for a minimum of two	tand the policies of the Fireside Wine Co d for wine club orders, and that I am 2 wine club shipments before cancelling, ress on file if left at Fireside Winery two	and understand that my wine club
SIGNATURE	DATE	E