## GRANITE HEIGHT WINE CLUB

## APPLICATION AND AGREEMENT

1) Please fill out the Application and then 2) either print it out or save it, and 3) send it to us by e-mail to:
tr@gh.wine
or you can drop it off at the GH Tasting Room.
Note: Each delivery must be signed for by someone 21 years of age or older. Extra shipping charges for wines returned to Granite Heights are member's responsibility.
PLEASE SELECT ONE OF THE FOLLOWNG (check one box):
I want to join the 12 bottle per year GH Wine Club and have the wines shipped to me in Virginia and understand that shipping charges apply (two shipments per year).
I want to join the 12 bottle per year GH Wine Club but be responsible for picking up the wine at the GH Tasting Room (two pick-ups per year). I agree to pick up my wine within 45 days of being notified by the e-mail address provided here, to avoid storage charges of \$5 per month.
I want to join the 12 bottle per year GH Wine Club and have the wines shipped to me in a State other than Virginia (but listed on our website) and understand that there is a further surcharge of \$20 to do this and shipping charges apply. (two shipments per year).
PLEASE ALSO SELECT ONE OF THE FOLLOWING (check one box):
I want to receive only RED WINE.
I want to receive RED WINE and WHITE/ROSE WINE per shipment.

Full Name (as on cre	dit card)*		
	First Name		Last Name
Phone Number*			
- Area Code		Phone Number	
E-mail*			
I was referred by:			
Shipping Address*			
Chipping / Idaicoo			Cturat Adduses
			Street Address
			Street Address
City	St	tate	
	United States	▼	
Postal / Zip Code	Country		
Billing Address is.*			
the same as the	Shipping Address (no nee	ed to enter Billing Address	s then)
different than the	e Shipping Address (pleas	an antar Dilling Addraga)	
Billing Address	3 Snipping Address (pleas	se enter billing Address)	
		C	tuaat Adduass
			treet Address
		Str	reet Address
City	State		
	United States	•	
Postal / Zip Code	Country		
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CKEDI	T CARD I	NFORM	AHON

Type o	of Credit Card* (e.g., Visa, Mastercard, American Express etc)
Credit	Card #*
Exp D	ate*
CVC #	#* 
	I agree to join the Granite Heights Wine Club (as further explained on the attached Wine Club document that was attached and agree to the terms set forth in that attached Wine Club document) and authorize Granite Heights, LLC to charge my credit card when wines are shipped I understand that my membership is for a minimum period of one year (2 shipments or pickups) and will continue under the terms in that attached Wine Club document. I understand the cancellation terms as set forth in the attached Wine Club document. I understand that I am obligated to provide Granite Heights with any address changes before wine is shipped and am liable for any additional shipping and handling charges incurred by my failure to do so.
* I CHEC	agree to the above and have received and read the "Wine Club document'. (NEED TO K BOX)
Signat	ture*

Date