



CONFIDENTIAL

CREDIT CARD BILLING FORM

Denver International Wine Festival & Competition

Please complete this form to set-up billing your service invoices on a credit card. Your account will be billed as agreed.

Company Name: _____

Your Name: _____

Credit Card Billing Address (This must be same as on your bill)

Name: _____
First Middle Last (As it reads on card)

Address: _____

City: _____ State: _____ Zip Code: _____

Tel. _____

Email Address: _____
(Charges will be confirmed by email)

American Express () VISA () Master Card () Diners Club ()

CC number: _____

Expiration Date: _____

All Denver International Wine Festival credit card sales are made through our affiliate company NIDEA Corp. I AUTHORIZE **NIDEA CORPORATION** TO CHARGE MY ABOVE CREDIT CARD FOR SERVICES RENDERED.

X _____ DATE _____

PLEASE FAX THIS FORM TO 303 648-4199. THANK YOU FOR YOUR BUSINESS!

Wine Country Network, Inc, PO Box 6023, Broomfield, CO 80021

Tel. 303 664-5700 • Fax 303 648-4199

Email: info@denverwinefest.com

Official Event Website: www.denverwinefest.com