

**THE BACCHUS GROUP – CONSIGNMENT PROGRAM**

**NEW CUSTOMER & CREDIT CARD AUTHORIZATION FORM**

The Payer (named below) hereby authorizes The Bacchus Group to draw debits, in paper, electronic or other from, covering any payments for business purposes, due by the Payer to The Bacchus Group.

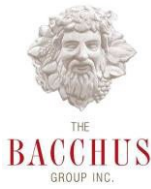
<b>Licensee Name:</b>	
<b>Licensee Address:</b>	
<b>Licensee #</b>	
<b>Phone (work):</b>	
<b>Phone (cell):</b>	
<b>Email:</b>	
<b>2<sup>ND</sup> CONTACT Name:</b>	
<b>2<sup>nd</sup> CONTACT Number:</b>	
<b>Credit Card Information – Type:</b>	
<b>Name Issued on Card:</b>	
<b>Credit Card Number:</b>	
<b>Expiry:</b>	
<b>CVV: 3 digits on back or 4 on front (AMEX)</b>	

Note – credit card taken in all instances.

- When preferred method of payment is credit card, charges will be placed on credit card prior to delivery
- When preferred method of payment is cheque, charges will be placed on credit card ONLY when cheque payment is not received after net 60 days

**Order:**

**case(s)**

**Terms and Conditions**

Signee states:

- will notify The Bacchus Group in writing of any changes in the account information or termination of this authorization at least (30) days prior to the next payment date
- understand that termination of this authorization does not affect my obligation to pay for goods or services contracted for/with the company
- understand my financial institution will treat each debit as if I had personally issued a written direction authorizing The Bacchus Group to debit the amount specified to my account and need not verify that payments are drawn in accordance with this authorization

Signee understands any debits charged to my account will be reimbursed if:

- (a) the debit was not drawn in accordance with this authorization
- (b) this authorization has been terminated; or
- (c) the debit was posted to an invalid/incorrect account information supplied to The Bacchus Group, by giving notice in writing to The Bacchus Group, within (60) days of the debit to my/our account

Signee acknowledges:

- warrants that all persons whose signatures are required on this account, have signed this form
- for delivery to occur, a credit card must be supplied on this authorization form

\_\_\_\_\_  
Authorized Name (Printed)

\_\_\_\_\_  
Authorized Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature