



Salted Vines Vineyard & Winery
 32512 Blackwater Road (Rte. 374)
 Frankford, DE 19945
 (302) 436-1500
 saltedvines.com

Club Agreement Date: _____

VINO CLUB MEMBERSHIP

ORDERS: **Pickup** **Ship**

First Name	Middle Initial	Last Name	
Address	City	State	Zip Code
Primary Phone Number		Birthdate (mm/dd/yy)	
E-mail		Significant Other	
Membership begins: ____/____/____		Membership expires: ____/____/____	

TERMS OF THIS CONTRACT

1. **MEMBERSHIP:** Annual membership is \$100.00 USD paid at Club Agreement Date. This membership automatically renews yearly on the expiration date, and your credit card on file will be charged \$100.00 USD. **INITIALS** _____
2. **RIGHT TO RESCIND:** The member may cancel the contract without penalty within three business days of signing. **INITIALS** _____
3. **OBLIGATION:** Members are required to participate in four quarterly Vino packs. Member may select three bottles of wine each quarter at a 20% discount. Additional bottles can be added to the quarterly pack at the stated discount. All Vino packs must be picked up within 6 months of its release date, or wine will be returned to inventory. Members will be given a release date by email when wines will be available for selection and pickup; members can request to ship wine (where applicable) at club member's expense. **INITIALS** _____
4. **NON-RENEWAL:** Should member choose to not renew membership, a written notice, via email (orders@saltedvines.com), should be sent to Winery seven (7) days prior to expiration. **INITIALS** _____
5. **GOVERNING LAW:** This Agreement shall be governed by and interpreted in accordance with the laws of the State of Delaware.
6. **COMPLIANCE:** By executing this contract, the buyer agrees to comply with all rules, regulations, policies and procedures as may be established or amended from time to time by the Winery. **INITIALS** _____

Credit Card Authorization Form

Credit Card Information	<input type="checkbox"/> <u>Gifted Membership</u>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV#:
Billing Address:	
City:	State:
	Zip Code:
Billing Phone #:	

I, _____, authorize Salted Vines Vineyard and Winery, along with Vino Shipper, to charge my credit card listed above for my membership, renewals, quarterly packs and any agreed upon purchases. I understand that my information will be saved on file for future transactions on my account and will supply SVV&W with updated credit card information when needed.

Customer/Purchaser's Signature	Date
Winery Representative Signature	Date

Winery / Member Notes:

