SALTED VINES
VINEYARD & WINERY
FRANKFORD, DE

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

Club Agreement Date:_____

☑ **VINO CLUB**

VINO PACK PREFERENCE

◯ **SWEET** ◉ **DRY** ◯ **WINERY CHOICE**

_____

First Name **Middle Initial** **Last Name**

_____

Address **City** **State** **Zip Code**

_____

Primary Phone Number **Birthdate**

_____ _____

E-mail **Significant Other**

Membership begins:_____ **Membership expires:** _____

1. We encourage and appreciate all vino packs to be picked up in a timely fashion. Six months after its release date if club packs have not been picked up, Salted Vines management will attempt to contact the club member for an arranged scheduled pick up. After three (documented and recorded) attempts with no response wine will be moved back into inventory. Members can request wine to be shipped (where applicable) at club members' expense.

MEMBER INITIALS _____

2. RIGHT TO CANCEL: The buyer may cancel the contract without penalty within three business days of initial signing and seven business days prior to the deadline for each quarterly pack selection or annual club renewal charge. The buyer shall cancel by delivering or mailing a certified and signed letter, return receipt requested, written notice to Salted Vines & Winery ("Winery"). The notice must say that you do not wish to be bound by the contract of a club member at salted Vines and would like to be contacted for cancellation. The winery reserves the right to make any appropriate refunds within ten business days of receipt of notice of cancellation confirmation by a Salted Vines management member.

3. GOVERNING LAW: This Agreement shall be governed by and interpreted in accordance with the laws of the State of Delaware.

4. 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.

5. Member has received a copy of the club details and agrees to all terms and conditions. **MEMBER INITIALS** _____

Credit Card Authorization Form

Credit Card Information	☐ **Gifted Membership**
Card Type: ◯ MasterCard ◯ VISA ◯ Discover ◯ 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 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: