

ASTORIA WINE GROUP



PREPAY ACCOUNT SETUP

Legal Business Name _____ ABC License _____
DBA _____ Seller's Permit Resale License # _____

Business Shipping Address:

Billing/Mailing Address (if different):

Street _____ Street/P.O. _____
City _____ City _____
State/Zip _____ State/Zip _____
Telephone _____ Telephone _____
Email _____ Fax _____

CREDIT CARD

Visa

MasterCard

American Express

Card # _____
Expiration date _____
Name as it appears on card _____

Check here if you wish to keep your card information on file for future orders.

Signature _____

Date _____

Check here if you wish to prepay by cash or check.