



WILDEROTTER VINEYARD

How Did You Hear About Us?

- CLUB MEMBER
- GRI GUEST
- TASTING ROOM
- OTHER

BILLING ADDRESS (MUST MATCH CREDIT CARD) DATE: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Confirm Email: _____

Primary Phone: _____ Secondary Phone: _____

SECONDARY CONTACT

First Name: _____ Last Name: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE; SORRY NO PO BOXES)

Name: _____ Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PAYMENT INFORMATION

Cardholder's Name: _____ Security Code: _____

Credit Card #: _____ Expires: _____

PICK UP SHIP

OPTION A 15% DISCOUNT 6 BOTTLES

MIX _____

RED _____

WHITE _____

OPTION B 25% DISCOUNT 12 BOTTLES

MIX _____

RED _____

WHITE _____

I understand & agree that I am committed to receiving a minimum of TWO more Wilderrotter Wine Club orders which will be released Spring _____ & Fall _____.
(YEAR) (YEAR)

Signature _____ Date _____

Wilderrotter Vineyard / P.O. Box 1000 / Plymouth, CA 95669

Tasting Room: 209-245-6016 | www.wilderrottervineyard.com