

# CONFIDENTIAL CREDIT CARD BILLING FORM

## Denver International Wine Festival & Competition

Please complete this form to set-up billing your service invoices on a credit card.  
Your account will be billed as agreed.

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Credit Card Billing Address (This must be same as on your bill)

Name: \_\_\_\_\_  
First Middle Last (As it reads on card)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Charges will be confirmed by email)

**Card type:** American Express (  )      VISA (  )      Master Card (  )

CC number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

All Denver International Wine Festival credit card sales are made through our affiliate company NIDEA Corp. I AUTHORIZE **NIDEA CORPORATION** TO CHARGE MY ABOVE CREDIT CARD FOR SERVICES RENDERED.

X \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FAX THIS FORM TO 303 926-0315. THANK YOU FOR YOUR BUSINESS!

**Wine Country Network, Inc, PO Box 6023, Broomfield, CO 80021**

Tel. 303 664-5700 •Fax 303 926-0315

Email: [info@denverwinefest.com](mailto:info@denverwinefest.com)

Official Event Website: [www.denverwinefest.com](http://www.denverwinefest.com)