

# Application for Petersons BIG RED CLUB

By signing this form, I understand that I am joining the Petersons Big Red Club for a minimum of 12 months and that this is an ongoing subscription. I commit to three tasting packs per year of 4 pre-selected bottles. I agree to give one months notice to cancel my membership. I acknowledge that my credit card will be charged 2-3 weeks prior to the despatch of my wine and that I must update my details with Petersons when they change. By providing my contact information I am giving Petersons Wines permission to contact me periodically via mail, phone, email and SMS with future special offers and promotions for an indefinite period.

**PLEASE WRITE CLEARLY WITH BLOCK LETTERS**

**Applicant's Name/s**

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**Postal Address**

---

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**State**

**Postcode**

---

**Delivery Address**

---

---

**State**

**Postcode**

---

**Delivery Instructions**

---

**Phone Numbers**

**Home**

**Mobile**

---

**Work**

**Fax**

---

**Email**

---

**Payment Methods:**

Visa

Mastercard

Amex

**Card Number**

**Expiry Date**   /

To be included in hassle free expiry date updates, please opt in by informing us of the bank of the card

**Name on Card**

**Signature of Cardholder**

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**Banking Institution**

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**Date of Birth**

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**I declare that I am over 18 years of age and I take responsibility to ensure that no person under the age of 18 years will take delivery of the above mentioned wines.**

**Signature**

**Date**

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**Introduced to the Petersons Wine Club by**

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**Office Use Only**

Membership Number: BRC

Debtor Code:

Entered:

Checked by:

Letter Sent:



**Wines of Distinction**

ABN: 67 096 357 747 Licence No: LIQO600672044

552 MOUNT VIEW RD. MOUNT VIEW. HUNTER VALLEY. NSW. 2325

PO BOX 182 CESSNOCK NSW 2325

Phone (02) 4990 1704 Fax (02) 4991 1344

sales@petersonswines.com.au • www.petersonswines.com.au

# Application for Membership in the Mixed Club

By signing this form, I understand that I am joining the Petersons Mixed Club for a minimum of 12 months and that this is an ongoing subscription. I commit to three tasting packs per year of 6 pre-selected bottles. I agree to give one months notice to cancel my membership. I acknowledge that my credit card will be charged 2-3 weeks prior to the despatch of my wine and that I must update my details with Petersons when they change. By providing my contact information I am giving Petersons Wines permission to contact me periodically via mail, phone, email and SMS with future special offers and promotions for an indefinite period.

PLEASE WRITE CLEARLY WITH BLOCK LETTERS

Applicant's Name/s \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Delivery Address \_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Delivery Instructions \_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Payment Methods:

Visa

Mastercard

Amex

Card Number

Expiry Date

/

To be included in hassle free expiry date updates, please opt in by informing us of the bank of the card

Name on Card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Banking Institution \_\_\_\_\_

Date of Birth \_\_\_\_\_

I declare that I am over 18 years of age and I take responsibility to ensure that no person under the age of 18 years will take delivery of the above mentioned wines.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Introduced to the Petersons Wine Club by \_\_\_\_\_

**Office Use Only**

Membership Number: PET \_\_\_\_\_

Debtor Code: \_\_\_\_\_

Entered: \_\_\_\_\_

Checked by: \_\_\_\_\_

Letter Sent: \_\_\_\_\_

ABN: 67 096 357 747 Licence No: LIQO600672044



Wines of Distinction

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