
# Harbinator Wine Club Credit Card on File Authorization Form

Please complete all fields.
You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until canceled.

| **Credit Card Information** |
|---|
| Card Type: ☐ MasterCard ☐ VISA ☐ AMEX |
| Cardholder Name (as shown on card): _____ |
| Last four digits of card number: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |

I, _____, authorize **Harbinator** to charge my credit card above for agreed upon wine club membership allocations/purchases. I understand that my information will be saved to file for future transactions on my account via Squareup.com.

_____ _____
Customer Signature Date

**Please email the completed, signed, and dated form to Info@Harbinator.com.**