



# VINE CONNECTIONS

UNCORK THE UNEXPECTED

Customer Information	
Company Name	Date:
Address	
Phone	Fax:
Billing Contact	
Delivery Address	
CA ABC permit #	
Reseller #	

Credit Reference	
Company 1 Name	Contact
Address	
Company 2 Name	Contact
Address	
Company 3 Name	Contact
Address	

Signature & Authorization			
Signature	Date		
Print Name	Business Title		

Please provide the information requested and fax this form back to me at 415-332-8668 or email to lei@vineconnections.com. I appreciate your assistance and prompt attention to this matter. Any information from you will be held confidential.

Thank You,

Lei Wang  
Staff Accountant  
Vine Connections LLC