



3366 Lakeside Ct.
Reno NV 89509
(775) 823 - 9876

Swill Representative: _____

Unlimited Coffee Club Member Authorization Form

Leave your wallet alone, skip the line and enjoy unlimited and local premium roast coffee. With the low monthly cost of, **\$29.00 per month** save money and simplify your **Swill Coffee and Wine** experience.

Schedule a monthly recurring payment today by simply completing this quick form to get started.

Here's How It Works:



Join Become a monthly member by filling out this quick form.



Pick up your, Unlimited Coffee Member Card.



Enjoy Enjoy unlimited ready-to-pour coffee, no lines and 15% off all menu items!

By completing this form you authorize a scheduled charge to your credit card on the 1st or 15th of every month you are a member. Your selected card will be charged the amount shown below on the date or schedule indicated. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize, **Swill Coffee & Wine**, to charge my credit card,
(Full Name)

indicated below, for the amount of \$29.00 each month for payment of my Unlimited Coffee Club Membership. After three initial consecutive monthly payments I understand I can cancel the card with a 30 day notice, either on line at swillreno.com or with an associate at the 3366 Lakeside Dr. location.

Monthly Recurring Payment Schedule, select the best date that works for you below:

☐ 1st of the month ☐ 15th of the month

Credit Card

☐ Visa	☐ MasterCard
☐ Amex	☐ Discover
Cardholder Name _____	
Account Number _____	
Expiration Date _____	
CID/CVV2 _____ (3 digit number on back of Visa/MC/Discover)	

Billing Address

Billing Address: _____
City: _____
State: _____
Zip Code: _____
Phone#: _____
Email: _____
Date of Birth: _____ *used for Swill birthday gifts to YOU!

SIGNATURE _____

DATE _____

For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify, **Swill Coffee & Wine**, in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.