



Barreled Souls Bottle Society 2020 Enrollment Form

Please complete all fields. You may cancel the authorization at any time by contacting us.
This authorization will remain in effect until December 31, 2020.

Name: _____

Email: _____

Phone #: _____

Mailing Address: _____

Proxy Name: _____

I, _____, authorize Barreled Souls Brewing Company to charge my credit card below for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Credit Card Information

Card Type: MasterCard Visa Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Exp Date: _____ CVV: _____ Billing ZIP Code: _____

Customer Signature

Date

Office Use Only

Date Received: _____

Date Processed: _____

Date Closed: _____