



CH DISTILLERY LIMITED EDITION SPIRIT CLUB PAYMENT FORM

NAME (First, Last) _____

EMAIL ADDRESS _____

BILLING ADDRESS

Street _____ Apartment/Suite/Floor _____

City _____ State _____ Zip Code _____

CREDIT CARD INFORMATION

Name on Card _____

Card Number _____

Security Code _____

Expiration Date _____

TYPE OF MEMBERSHIP (circle one)

CH Distillery Premium One-Year Membership

CH Distillery Ultra-Premium One-Year Membership

Note: Your CH Distillery Limited Edition Spirit Club Annual Membership will automatically be renewed annually and charged on the card on file on the anniversary of your sign-up date. If you do not wish to renew your annual membership, please email aschwartz@chdistillery.com.

SIGNATURE _____

ALL INQUIRIES AND COMPLETED FORMS SHOULD BE SENT TO ASCHWARTZ@CHDISTILLERY.COM