



FIGONE'S
of California Olive Oil Company

Date _____

La Visione Club Enrollment Form

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card #: _____ Exp: _____

Card Security Code (CVV2): _____

Phone # _____ Email: _____

Ship To: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Is this a residential address? Yes ___ No ___

First shipment to commence approximately (Date) _____

Is this a gift for someone? (Requires a one-year payment) _____

Additional notes:

Fax this completed form to 707-282-9093.

Figone's of California Office Use:

[A1]Member Code: _____

Employee _____