



GiftCardsOnDemand

PRODUCT ORDER FORM

Please complete all fields below.

MERCHANT INFORMATION

Merchant DBA Name:	Phone:
MID:	Company Code:

1 COLOR PRE-DESIGN

Card Stock (select one)	Ink Color (select one)	Font Style (select one)	Custom Cards
<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green	<input type="checkbox"/> Black <input type="checkbox"/> Silver <input type="checkbox"/> Gold	<input type="checkbox"/> Arial <input type="checkbox"/> Times <input type="checkbox"/> Script <input type="checkbox"/> Optima	For information and pricing on customizing your cards, please call (866) 868-2777.

CARD DESIGN

Please enter the text that will appear on the face of the Gift Card. If left blank, Line 1 will default to the DBA Name above, Line 2 to DBA Address, Line 3 to City/State/Zip, and Line 4 to Phone. To leave an intentional blank line, write BLANK LINE. Spaces count toward character maximum.

**SAMPLE
GIFTCARD**
(not actual size)



Line 1 - DBA Name

Line 2 - DBA Address

Line 3 - City, State, Zip

Line 4 - Phone

Line 1	20 Chars Max	
Line 2	40 Chars Max	
Line 3	40 Chars Max	
Line 4	40 Chars Max	

QUANTITIES, PRICING AND SHIPPING

Gift Card Re-Orders			Card Carriers Re-Order		
Select One	Quantity	Price	Add Carriers?	Item Description	Price
<input type="checkbox"/>	50 Cards	\$28.00	<input type="checkbox"/>	50 Card Carriers	\$12.50
<input type="checkbox"/>	100 Cards	\$56.00	<input type="checkbox"/>	100 Card Carriers	\$25.00
<input type="checkbox"/>	150 Cards	\$84.00	<input type="checkbox"/>	150 Card Carriers	\$37.50
<input type="checkbox"/>	200 Cards	\$112.00	<input type="checkbox"/>	200 Card Carriers	\$50.00

Ground Shipping Flat Rate - \$15

Fax form to (888) 300-9416 Please allow 5-7 business day for printing and shipping Your total amount for this order will appear on your next GiftCards-On-Demand bill.	Shipping Address:
	City, State, ZIP:

SIGNATURES AND ACKNOWLEDGEMENTS

MERCHANT AGREED AND ACCEPTED:

By signing below, Merchant confirms that all information is accurate.

X _____

Authorized MERCHANT or Officer's Signature

Date