

# Gift Card Reorder Form

FAX THIS FORM TO:

FOR ASSISTANCE CALL: (718) 971-5455

ISO # 8146

SALES AGENT: \_\_\_\_\_

## MERCHANT INFORMATION

Date: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

### Ship to:

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CARD RE-ORDER INFORMATION

Same as my existing cards

Cost per Card \$ \_\_\_\_\_

New Card Design. Artwork emailed \_\_\_\_ YES \_\_\_\_ NO  
(\$75.00 plate fee if using new artwork)

### QUANTITY:

100     500     1,000     other \_\_\_\_\_ (no less than 100)

## MARKETING MATERIALS

\_\_\_\_ Card Carrier:                      \$ .20 ea



\_\_\_\_ Acrylic Display w/sign:        \$6.50 ea



\_\_\_\_ Round Decal:                      \$1.00 ea



\_\_\_\_ Counter Top Tent:                \$2.50 ea



\_\_\_\_ Static Cling:                        \$2.50 ea



Cards                                      \$ \_\_\_\_\_.

Marketing Items                        \$ \_\_\_\_\_.

Shipping                                 \$ \_\_\_\_\_ TBD \_\_\_\_\_.

Overnight

Ground

Sub Total                                 \$ \_\_\_\_\_

### Method of Payment

Bill To: \_\_\_\_\_  
Company or Card Holder's Name

*I authorize GETI, to debit the following account for any and all fees associated with equipment, shipping, and any additional fees thereof.*

Credit Card # : \_\_\_\_\_ Type of Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OR**

Please select checkbox if you would like us to bill your Bank Account on file

Signature: \_\_\_\_\_

*Merchant signature required if billing merchant directly for card order*

**Alacarte - Custom**