

Gift Card Reorder Form

**FAX THIS FORM
FOR ASSISTANCE**

(718) 971-5455

ISO # 8146

SALES AGENT: _____

MERCHANT INFORMATION

Date: _____

Merchant Name: _____

Ship to: _____

Address: _____

Contact Name: _____

Phone Number: _____

CARD RE-ORDER INFORMATION

Cost per Card \$ _____

- Same as my existing cards
 New Card Design (Please check new card design)



Thank You



Happy Birthday



Congratulations

QUANTITY:

- 100 500 other _____
 (Cannot reorder less than 100 or more than 500)



Rose



Retail



Aurora



Red Bow

Business name to appear on card (if Changed):

(optional 2nd line text: Phone#, website, etc.)



Cash



Gift Box



Restaurant



General

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	\$ <u>TBD</u> .
<input type="checkbox"/> Overnight	
<input type="checkbox"/> 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

Pre-designed