

Gift Card Reorder Form

FAX THIS FORM TO: 800-688-5246
FOR ASSISTANCE CALL: 800-538-5514

ISO# 7314 SALES AGENT: _____

MERCHANT INFORMATION

Date: _____

Merchant Name: _____

Ship to:

Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

CARD RE-ORDER INFORMATION

same as my exiting cards
(We will use the same artwork on file)

Cost per Card \$ _____

Custom: 100 500 1,000 other _____ other (greater than 1,000)

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



Sub Total \$ _____.

Tax (if applicable) \$ _____.

Shipping \$ TBD.

Overnight

Ground: TBD

Total \$ _____.

Method of Payment

Bill To: _____

Company or Card Holder's Name

I authorize GET 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

Checking Account #: _____ Routing#: _____

Signature: _____

Custom