

# 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

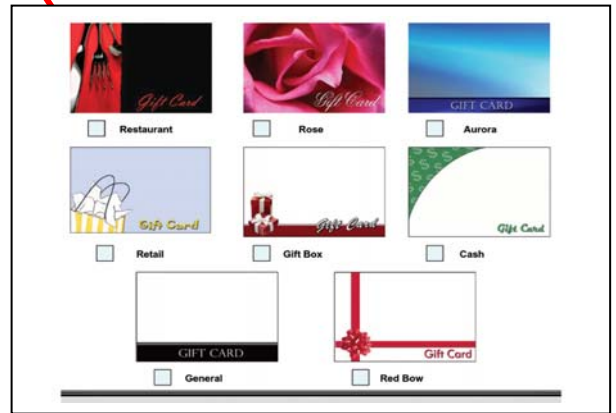
Cost per Card \$ \_\_\_\_\_

- same as my exiting cards
- Standard Pre-designed:  100  500  
Card Design: (Please check one card design)






Business name to appear on card (if Changed):  
\_\_\_\_\_

(optional 2<sup>nd</sup> line text: Phone#, website, etc.)  
\_\_\_\_\_

- Upgrade to a New Card Package**  
(please call your sales agent for Custom Card pricing)



## 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 _____.
<input type="checkbox"/> GROUND	
<input type="checkbox"/> NEXT DAY	
<b>Total</b>	\$ _____.

### 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**

Checking Account #: \_\_\_\_\_ Routing#: \_\_\_\_\_

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

**Out of the Box - Deluxe**