

# Gift Card Reorder Form

ISO# 217 SALES AGENT

FAX THIS FORM TO: (606) 324-7903  
FOR ASSISTANCE CALL: (606) 325-1199

## MERCHANT INFORMATION

Date: \_\_\_\_\_  
Merchant Name: \_\_\_\_\_  
**Ship to:**  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## CARD RE-ORDER INFORMATION

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

- same as my existing 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)



**ATTENTION:**  
You must check one of the designs for the OUT OF THE BOX generic card programs

## MARKETING MATERIALS

- |  |                  |  |
|--|------------------|--|
| ___ <b>Fold Over Card Carrier with envelope:</b> | <b>\$ .20 ea</b> |  |
| ___ <b>Acrylic Display w/sign:</b>               | <b>\$6.50 ea</b> |  |
| ___ <b>Round Decal:</b>                          | <b>\$1.00 ea</b> |  |
| ___ <b>Counter Top Tent:</b>                     | <b>\$2.50 ea</b> |  |
| ___ <b>Static Cling:</b>                         | <b>\$2.50 ea</b> |  |

Sub Total	\$ _____
Tax (if applicable)	\$ _____
Shipping	\$ _____
<input type="checkbox"/> Overnight	\$35.00
<input type="checkbox"/> Ground	\$ 9.00
<b>Total</b>	<b>\$ _____</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**