



GIFT CARD ORDER FORM

FAX TO - 905-682-5900

Business Name.....

Name of person placing order

Address

City Postal Code

Telephone # Date

Number of cards	\$ Amount	Total

Method of payment(company cheque upon approval)

Visa Mastercard Card number

Name on card Expiry date

Verification # (from back of card)

Pick up Delivery Date Required.....

Additional information

Signature

Print name