



## GIFT CARD ORDER FORM

Date:	Date Required:	
Contact name:		
Company name:		
Phone number: (     )		Fax: (     )
Address:		
City:	Province:	Postal Code:

**SHIP TO ADDRESS IF DIFFERENT FROM ABOVE:**

Contact name:		
Address:		
City:	Province:	Postal Code:

**PAYMENT OPTION:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Company cheque enclosed | <input type="checkbox"/> On Account (pre-approved only) | <input type="checkbox"/> Visa        |
| <input type="checkbox"/> American Express        | <input type="checkbox"/> MasterCard                     | <input type="checkbox"/> Diners Club |

Credit Card #:	Expires:
Name of Cardholder: (please print)	
Signature: (required)	

**DETAILS OF ORDER AVAILABLE IN ANY DENOMINATION**

PLEASE NOTE: Orders over \$500 will be couriered

Card Value (choose any denomination)	Quantity	=	Total
\$	x	=	
\$	x	=	
<b>Sub-Total</b>		=	

<b>Shipping (choose preferred method)</b>		
<input type="checkbox"/> Canada Post Regular Mail (charge based on order size)	=	
<input type="checkbox"/> Overnight Delivery in Ontario (\$12 charge)	=	
<input type="checkbox"/> Overnight Delivery elsewhere in Canada (\$20 charge)	=	
<b>TOTAL PURCHASE</b>	=	

Number of Gift Envelopes Required:	
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**PRINT & FAX: (905) 845-7091**