

CHIRNSIDE PARK GIFT CARD BOOKING FORM

BUSINESS DETAILS

| | |
|--------------------------|--|
| Registered Business Name | |
| Trading Name | |
| ABN | |

CONTACT DETAILS

| | |
|----------------------|--------|
| Street Address | |
| Suburb | |
| State | |
| Post Code | |
| Contact Person | |
| Contact Phone Number | () |
| Fax Number | () |
| Mobile Number | |
| Email Address | |

DETAILS OF GIFT CARDS REQUIRED eg. 20 x \$35 gift cards

| | |
|---|--|
| Qty of Gift Cards & denomination required | |
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DETAILS OF PERSON COLLECTING GIFT CARDS please bring identification to collect your cards

| | |
|-------------------------------|--------|
| Name | |
| Phone Number | () |
| Date cards will be collected | |
| Preferred time for collection | |

PREFERRED METHOD OF PAYMENT

Cheque
 Visa
 Mastercard
 Bankcard
 Cash for credit card payment please fill in details below.

Please remember to add the \$1.50 per card fee to your total invoice eg. 20 x \$35 gift cards = \$730.00

| | |
|---------------------|----|
| Name of card holder | |
| Card number | |
| Expiry | |
| Total | \$ |

Please fax your booking form to 03 9726 5340 and a Customer Service representative will call to confirm receipt of your booking form