



CORPORATE GIFT CARD REQUEST FORM

Please complete the following details. Details are provided to our supplier Waivpay Ltd.

Waivpay Ltd will provide a Tax Invoice and once payment has been received Tweed City Shopping Centre will process your cards and contact you to collect your Gift Cards.

Company	Details:
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Company Na	ıme														
Trading as															
ABN															
Contact Pers	on							_					1	I	
Street Addres	SS														
State				Postcode:											
Postal Addre															
State		Postcode:													
Telephone N	umber														
E-mail Addre															
Please list the N.B \$2.50 ac					l for	below o	lenor	ninatio	ons:						
Quantity		Quantity		Quan	tity		Qı	uantity			Q	uantit			
	20		x \$30			x \$40			x \$5					\$60	
X 7	70 §150		x \$75 x \$200			x \$80 X250			x \$9 x \$5					\$100 Othe	
					 ntre (Jse Only	 ':								
Order Collection Order Check	for collec							Tota	al Value						
Name of Collector				J '''`	•	- Total O	u.uo				. v	ulu o			
Signature															
Reviewer Na	me														
Collection Da															
Date order sent to Waivpay Ltd						Orde	r Date	е			1				
Gift Card Team at								_			,				
Centre Email Address						Ema	Email/s:								
WAIVPAY will ser					ıt										
received and fund	ls loaded	into GiVVPOS	for processing	ng.		1									