

**CORPORATE GIFT CARD REQUEST FORM
(Direct Deposit Only)**

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 Erina Fair will process your cards and contact you to collect your Gift Cards.

Company Details:

Company Name											
Trading as											
ABN											
Contact Person											
Street Address											
State											Postcode:
Postal Address											
State											Postcode:
Telephone Number											
E-mail Address											

Please refer to our Gift Card Terms and Conditions

Please list the quantity of gift cards required for below denominations:

N.B \$2.50 administration fee per card.

Quantity		Quantity		Quantity		Quantity		Quantity	
	x \$20		x \$30		x \$40		x \$50		x \$60
	x 70		x \$75		x \$80		x \$90		x \$100
	x \$150		x \$200		X250		x \$500		X Other

Total Order \$ _____ (including \$2.50 administration fee per card)

Centre Use Only:

Order Collection: ID is required for collection

Order Checked	<input type="checkbox"/>	Y/N	Total Cards	<input type="text"/>	Total Value	<input type="text"/>
Name of Collector						
Signature						
Reviewer Name						
Collection Date						

Date order sent to Waivpay Ltd Gift Card Team at orders@waivpay.com Please CC any Erina Emails that require access to this form for processing if different to email below.	Order Date <input type="text"/>
Centre Email Address WAIVPAY will send an email to this address confirming payment received and funds loaded into GiVVPOS for processing.	Email/s: