



GIFT CARD ORDER FORM

FAX TO - 905-682-5900

Business Name.....

Name of person placing order

Address

City Postal Code

Telephone # Date

# of cards	\$ Amount	Total

FOR EACH CARD ACTIVATED/ A SHIPPING FEE OF \$10 MAY ALSO APPLY

Visa Mastercard

Name on card Card number

Expiry date Verification # (from back of card)

Pick up Delivery Date Required.....

Additional information

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Signature

Print name