

Card Re-Order Form Web

**1****MERCHANT INFORMATION**

PLEASE PRINT

DBA Name _____

Company Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

() _____

Contact Name _____

Phone Number/Extension _____

Contact Email _____

Credit Card
Number _____Card Type: American Express
Master Card VisaExpiration
Date _____Activation Password (to
activate program upon receipt)Cards for additional
location.**2****PROGRAM CONFIGURATION**All changes selected here will affect *all cards* in your program including any previously ordered. To maintain your current parameters check here:

Please Update Your Gift Card Program Parameters:

Issuance Value: Minimum: _____ Maximum: _____

Check this box to include a Tip Line: **3****CARD CONFIGURATION**Check here to use exact same card as past order: If box is checked, skip to Section 4.

Merchant Name on Card (Print clearly): _____

Select One Card Style From Available Card Selection By Style # _____ Select Quantity: 500 1000 Other (Multiples of 500) _____Choose Font Style for Merchant Name and Card Number (The suggested *Maximum* number of characters including spaces for a horizontal card is 21. The suggested *Maximum* number of characters including spaces for style #008 is 16 and 16 per line up to 2 lines for style #007): **Verdana Bold** **Book Antiqua Bold** *Monotype Corsiva* *Palatino Linotype*Choose Font Color: Gold Foil Silver Foil White Foil (Not available on style #007) Black (only available on style #007)Ship Order To: Merchant Other Address _____To order custom cards, check this box and contact your VESTACARD sales agent: **4****MERCHANT AUTHORIZATION**

Representative(s) authorized to conduct business for this merchant:

Card Cost: _____

Shipping and Handling \$24.50

Total Due: _____

Signature: _____ Date: _____