

CASUARINA SQUARE 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	
Qty of Gift Cards & denomination required	
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Qty of Gift Cards & denomination required	

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 08 8920 8725 and a Customer Service representative will call to confirm receipt of your booking form