

GIFT CARD ORDER FORM



1210 American Blvd
West Chester, PA 19380
www.vanguardid.com
800-323-7432
info@vanguardid.com

Please fill out this form and fax it to: 610-719-1800
Contact Gabi Terrell at 800-323-7432 x200

Name: _____

Salon Name: _____

Salon Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

SHIPPING: \$35 & UP WITHIN USA

Ship To Address: _____

Same as Above:

CARD QUANTITY: TYPE OF CARD: ORDER TYPE:

- | | | |
|--|---|---|
| <input type="checkbox"/> 500 at \$0.70 each | <input type="checkbox"/> Gift | <input type="checkbox"/> New Order
Setup Fee: \$100 |
| <input type="checkbox"/> 1000 at \$0.70 each | | <input type="checkbox"/> Rerun with no changes |
| <input type="checkbox"/> 2500 at \$0.62 each | | <input type="checkbox"/> Rerun with changes
Setup fees may apply |
| <input type="checkbox"/> 5000 at \$0.54 each
<i>add .10 each for back artwork</i> | <input type="checkbox"/> Loyalty / Membership | |

PAYMENT METHOD: Millennium Systems International requires prepayment on all orders. To place your order, we need this entire section completed. Payment is processed by Millennium Systems International.

(Check One) MC VISA AMEX

Name as it appears on card: _____

Business Name: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Card Number: _____ Expiration Date: _____

Security Number: _____ [MC/VISA - 3 digit number on back, Amex - 4 digits on front over expiration date]

I AUTHORIZE MILLENNIUM SYSTEMS INTERNATIONAL TO CHARGE MY CREDIT CARD FOR MY ORDER

Authorized Signature: _____