

CARD w/ QR Order Form



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West Chester, PA 19380
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Harms@vanguardid.com

Please fill out this form and **FAX to 610-719-1800**
or contact Vic Murray at 610-719-0700, ext. 212

Name of Person Placing Order: _____

Salon Name: _____

Salon Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Ship to: shipping and handling \$25 & up for orders shipped in the continental US.
(Check one)

Same address as above

New Address: _____

Card Quantity:

(Check one)

500 at \$.75 each

1000 at \$.75 each

2500 at \$.75 each

5000 at \$.59 each

Gift Card Holders:

(Provide qty of boxes per color)

\$100 per box, 500 holders per box

? boxes of Blue Card Holders

? boxes of Red Card Holders

? boxes of Black Card Holders

? boxes of Holiday Card Holders

Order Description:

NEW ORDER

Set Up Fee: \$100

Rerun with no changes

Rerun with changes

Set Up Fees May Apply

ADD QR CODE

WEB ADDRESS: _____

Payment Method:

Harms Software requires prepayment on all orders. In order to promptly process your order with payment by credit card, we will need ALL of the following information or your order cannot be processed. Prepayment is processed by Harms Software.

(Check one) MasterCard Visa Amex

Name as it appears on card: _____

Business Name: _____

Billing Address: _____

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

Card Number: _____ Expiration Date: _____

Security Number: _____ (MC/VISA 3 digit number on the back, Amex 4 digit number on the front over the exp date)

I authorize Harms Software to charge my credit card account for my order.

Authorized Signature: _____