

GIFTDAY FAX PURCHASE ORDER: 0866 10 8894

Purchasers Information:

| | |
|------------------|----------------------|
| First Name*: | <input type="text"/> |
| Surname*: | <input type="text"/> |
| Company Name*: | <input type="text"/> |
| Contact Number*: | <input type="text"/> |
| Mobile Number: | <input type="text"/> |
| Email Address*: | <input type="text"/> |

Billing Address: (optional for Tax purposes only)

| | |
|--------------------|----------------------|
| Address Line 1: | <input type="text"/> |
| Address Line 2: | <input type="text"/> |
| City: | <input type="text"/> |
| Zip / Postal Code: | <input type="text"/> |
| VAT No: | <input type="text"/> |
| Country: | <input type="text"/> |

Choose a payment method – please tick ✓

A. Credit Card

| | | | | |
|--------------------|--------------------------|----------------------|----------------------|---|
| Credit Card Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| VISA | <input type="checkbox"/> | Name on Card: | <input type="text"/> | |
| MASTERCARD | <input type="checkbox"/> | Expiry Date | <input type="text"/> | <input type="text"/> |
| DINERS | <input type="checkbox"/> | Security Code | <input type="text"/> | (last 3 digits on reverse of your card) |
| AMEX | <input type="checkbox"/> | Budget Period | <input type="text"/> | <input type="text"/> |

B. Via Internet Transfer or Direct Deposit

Please make the payment as soon as possible after faxing us this form together with the proof of payment to: **0866 10 8894**
Please use your name as the reference when making the deposit.

Giftday's Banking Details

First National Bank
Branch: 201609
Account: 621 399 72542



