



## **CORPORATE GIFT CARD REQUEST FORM**

## (Direct Deposit Only)

Please complete the following details. Details are provided to our supplier Waivpay Ltd.

Waivpay Ltd will provide a Tax Invoice and once payment has been received Lakeside Joondalup will process your cards and contact you to collect your Gift Cards.

### **Company Details:**

| Company Name     |   |   |   |   |   |        |     |  |
|------------------|---|---|---|---|---|--------|-----|--|
| Trading as       |   |   |   |   |   |        |     |  |
| ABN              |   |   |   |   |   |        |     |  |
| Contact Person   | • | • | • | • | • |        |     |  |
| Street Address   |   |   |   |   |   |        |     |  |
| State            |   |   |   |   | F | Postco | de: |  |
| Postal Address   |   |   |   |   |   |        |     |  |
| State            |   |   |   |   | F | Postco | de: |  |
| Telephone Number |   |   |   |   |   |        |     |  |
| E-mail Address   |   |   |   |   |   |        |     |  |

Please refer to our Gift Card Terms and Conditions

# Please list the quantity of gift cards required for below denominations: *N.B* \$2.50 administration fee per card.

| Quantity |         | Quantity |         | Quantity |        | Quantity |         | Quantity |         |
|----------|---------|----------|---------|----------|--------|----------|---------|----------|---------|
|          | x \$20  |          | x \$30  |          | x \$40 |          | x \$50  |          | x \$60  |
|          | x 70    |          | x \$75  |          | x \$80 |          | x \$90  |          | x \$100 |
|          | x \$150 |          | x \$200 |          | X250   |          | x \$500 |          | X Other |

Total Order \$\_\_\_\_\_(including \$2.50 administration fee per card)

### Centre Use Only:

#### Order Collection: ID is required for collection

| Order Checked     |  | Y/N | Total Cards | Total Value |  |
|-------------------|--|-----|-------------|-------------|--|
| Name of Collector |  |     |             |             |  |
| Signature         |  |     |             |             |  |
| Reviewer Name     |  |     |             |             |  |
| Collection Date   |  |     |             |             |  |

| Date order sent to Waivpay Ltd<br>Gift Card Team at <u>orders@waivpay.com</u>         | Order Date |
|---|------------|
| Centre Email Address<br>WAIVPAY will send an email to this address confirming payment | Email/s:   |
| received and funds loaded into GiVVPOS for processing.                                |            |