

# Shoptauqua

## Chautauqua County Gift Card Order Form

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Address \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Needed By Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

*Legal Notice: By signing this you acknowledge that you are responsible for full payment of requested gift cards on this order form. Your order will not be processed until signed confirmation is received. All sales are final, no returns or exchanges.*

Number of Gift Cards		Denomination of each Card	Total Purchase
	X		
	X		
	X		
	X		
	X		
	X		
<b>Total Order</b>			

Shoptauqua Gift Cards can be purchased in **any amount up to \$500 per card**

Card order placed in:

- Dunkirk Office, 10785 Bennett Road
- Jamestown Office, 300 North Main Street

Order for pickup at:

- Dunkirk Office, 10785 Bennett Road
- Jamestown Office, 300 North Main Street
- Please call us to make arrangements for delivery of the completed order

Payment type: please check one

- Payment Enclosed
- Please Invoice Me in Advance

Make checks payable to CCCC  
Payment due on pickup/delivery

**Please allow 3 days to fulfill orders for 10 or more cards.**

**If you are placing your order by fax or email and do not receive a confirmation call or email within 48 hours, please call our office at 484-1101. Thank you.**

### Internal Use Only

Card #s Sold: Start# \_\_\_\_\_ End # \_\_\_\_\_

Invoice # \_\_\_\_\_ Date Sold \_\_\_\_\_

Paid: Credit Card Amount \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

(Initial) Order Confirmed \_\_\_\_\_ Packaged \_\_\_\_\_ Order picked up/delivered \_\_\_\_\_

All staff must complete this form for EVERY order and return it in person, by fax, or by email to the Finance Office on the day of fulfillment.