

ShopLocalCHQ

Gift Card Order Form

Contact Name: _____ Phone #: _____

Company: _____ Fax #: _____

Address: _____

City, State Zip: _____

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		
Total Order			

Order for pickup at/delivery through:

- Jamestown Office, 300 North Main Street
- Dunkirk Office, 10785 Bennett Road (open by appointment only)
- Please call us to make arrangements for delivery of the completed order (on orders of \$200 or more)

Payment type: please check one

- Payment Enclosed
- Please Invoice Me in Advance

Make checks payable to CCCC
Payment due on pickup/delivery

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

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

To Place Your Order

Call: (716) 484-1101 or (716) 366-6200 ext. 201

Fax: (716) 487-0785

Email: cswanson@chautauquachamber.org

Mail: Chautauqua County Chamber of Commerce
PO Box 27, Jamestown, NY 14702-0027

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 (716) 484-1101. Thank you.

Office Use Only

Card #s Sold: Start# _____ End # _____

Invoice # _____ Date Sold _____

Paid: Credit Card Amount _____ Cash Amount _____ Check # _____

(Initial) Order Confirmed _____ Packaged By _____ Order picked up/delivered _____

All staff must complete this form for EVERY order and return it to the Finance Office on the day of fulfillment.