



**GIFT CARD ORDER FORM**

Today's Date: \_\_\_\_\_ Date Required: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Delivery Address (if Different from Above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT OPTIONS**

\_\_\_\_\_ Visa                      \_\_\_\_\_ Mastercard                      \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

**ORDER REQUEST**

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

**DELIVERY OPTIONS**

\_\_\_\_\_ Pick Up                      \_\_\_\_\_ Mail

\_\_\_\_\_ Courier (Charges may be added to total, based on actual charges)

**Please Return the Completed Request by Mail/Fax to:**

**Mark James Group**  
204-1110 Hamilton Street  
Vancouver, BC V6B 2S2  
Fax Number: (604) 685-9057