

CUSTOM GIFT CARRIER ORDER FORM



1210 American Blvd
West Chester, PA 19380
Vic Murray, ext 212
800-323-7432 · 610-719-0700
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Harms@vanguardid.com

Please fill out this form and **FAX** to 610-719-1800
or contact Vic Murray at 610-719-0700, ext. 212

Name of Person Placing Order: _____

Salon Name: _____

Salon Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Ship to: shipping and handling \$25 & up for orders shipped in the continental US.
(Check one)

Same address as above

New Address: _____

Gift Card Holders:

(Check one)

500 - 5000 at \$.50 each

Please contact Vic Murray for higher quantities

Quantity

___ 500
___ 1000
___ 2500
___ 5000

Order Description:

(Check one)

NEW ORDER

Set Up Fee: \$100

Rerun with no changes

Rerun with changes

Set Up Fees May Apply

Payment Method:

Harms Software requires prepayment on all orders. In order to promptly process your order with payment by credit card, we will need ALL of the following information or your order cannot be processed. **Prepayment is processed by Harms Software.**

(Check one)

MasterCard

Visa

Amex

Name as it appears on card: _____

Business Name: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip Code: _____

Card Number: _____ Expiration Date: _____

Security Number: _____ (MC/VISA 3 digit number on the back, Amex 4 digit number on the front over the exp date)

I authorize Harms Software to charge my credit card account for my order.

Authorized Signature: _____