



**CORPORATE GIFT CARD
ORDER FORM**
(Orders over \$3 000)

Square One Shopping Centre
100 City Centre Dr
Mississauga, ON L5B2C9
T: 905-270-7771 ext:2288 /F: 905.270.1180

Corporate Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Contact person: _____ Telephone: _____ email: _____

***For your protection, a picture ID is required for pick-up of gift cards. We are unable to mail gift cards due to their cash value.**

Quantity		AMOUNT per Card		Subtotal
	X			
	X			
	X			
	X			
	X			
	X			
		SUBTOTAL		
		FEES		
		ORDER TOTAL		

Processing Fees Available in denominations from \$10 - \$500	
1 to 10 cards	\$1.50 per card
11 to 20 cards	\$1.25 per card
21 to 50 cards	\$1.00 per card
51 to 100 cards	\$0.75 per card
101 or more cards	\$0.25 per card
Payment Methods	
CASH	\$500 limit/day
Debit	\$1000 limit/day
Visa/MC/AMEX	\$5000 limit/day*
Certified Cheque	3-7 business days

For orders larger than \$5 000:
-Cannot be processed at the Guest Services Booth.
-Credit Card orders will be processed within 3 days

PAYMENT OPTIONS:

- By Certified Cheque:**
 - Payable to 'OXFORD in trust for SQ1' must be received in advance on purchases more than \$3000
- By Cash/Debit/Visa/AMEX/Mastercard:**
 - Payment must be paid/picked-up at Guest Service booths only
- What date would you like to receive your order by? _____
- I will pick up the gift cards from Guest Service booth on the upper level at Square One.
 - Please send Square One's courier to drop off the gift cards (min \$3 000)

Cash/Debit/Visa/AMEX/Mastercard payments must be made at the Guest Services booth ONLY
- How many gift envelopes, if any, do you require? _____

Circle option

FOR OFFICE USE	MANAGER APPROVAL: _____
Cheque rec'd by: _____	Date: _____
Cheque #: _____	Amount: _____
Deposited by: _____	Date: _____

Business Set-up Form

Vendor Legal Name or
Business Number:

Vendor Trade Name
(If different from Legal Name)

GST / HST Taxation Number:

Address:

Postal Code:

Contact Name:

Contact Title:

Email Address

Phone Number:

Fax Number:

Web address:

Corporate Credit Card

Yes / No

Nature of Goods/Services provided:

Date:

Customer Signature:

For Internal use only:

Date Received:

Set up date:

Company Number:

Set up by:

