

Gift Card

ORDER FORM

THIS FORM SHALL BE COMPLETED IN BLOCK CAPITALS

Date	
Shopping Centre	
First name of the authorised party	
Last name of the authorised party	
Company's name	
Street	
Postal code	
City	
Vat Registration No.	
e-mail address (for accounting note)	

Person authorized to collect the order

Name	
Phone number	

Payment method	Credit/debit card	
	Cash	

No.	Gift card value	No. of cards	Total	Signature and stamp
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total charged				