



Irish Times Pub Corporate Gift Card Order Form

BILLING/SHIPPING INFORMATION

Date: _____ Date Required By: _____

Contact Name: _____
First Last

Street Address: _____
City Province Postal Code

Phone Number: () _____ Fax Number: () _____

Company Name: _____

Email Address: _____

PAYMENT OPTIONS

Note: We will take payment by phone or fax. Please complete the billing information required:

- Visa
- American Express
- MasterCard
- Corporate Cheque

Credit Card Number: _____ Expiry Date: _____

Signature: _____

*** Please include a photocopy of credit card, front and back**

ORDER REQUEST

_____ x _____ = \$ _____

_____ x _____ = \$ _____

_____ x _____ = \$ _____

SUB-TOTAL = \$ _____

*** All orders over \$1,000 will receive an additional \$100 bonus Gift Certificate**

DELIVERY OPTIONS

- Pick Up
- Mail (No guarantee and no replacement if lost or stolen)
- Courier (Courier charges will be added to total, based on shipping location)

*** Please mail/fax to:**