

# ShopLocalCHQ Gift Card



## Order Form

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Needed By Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

*Legal Notice: By signing this you acknowledge that you are responsible for full payment of requested gift cards on this order form. Your order will not be processed until signed confirmation is received. All sales are final, no returns or exchanges.*

Number of Gift Cards		Denomination of each Card	Total Purchase
	X		
	X		
	X		
	X		
	X		
	X		
<b>Total Order</b>			

### Order for pickup at/delivery through:

- Jamestown Office, 300 North Main Street
- Dunkirk Office, 214 Central Avenue (open by appointment)
- Please call us to make arrangements for delivery of completed orders of \$200 or more

Payment type: please check one

- Payment Enclosed
- Please Invoice Me in Advance

Make checks payable to CCCC. Payment is due on pickup/delivery.

Card is issued by Pathward, N.A., Member FDIC. Funds do not expire. Non-reloadable and no cash access.  
For Cardholder Agreement or Customer Service: [www.getmybalance.com](http://www.getmybalance.com) or 1-833-558-1088.

### Important Notes:

- ShopLocalCHQ Gift Cards can be purchased in any amount from \$5 to \$500 per card.
- Please allow at least two days to fulfill orders for 30 or more cards.
- High Value Transactions (total order over \$1,000 for individuals or over \$3,000 for companies) will be required to submit a High Value Card Transaction form. This is in compliance with anti-money laundering legislation. High Value Transactions may require additional processing time.

### To Place Your Order:

Call: (716) 484-1101 ext. 201

Email: [neckman@chqchamber.org](mailto:neckman@chqchamber.org)

**If you are placing your order by email and do not receive a confirmation call or email within 48 hours, please call our office at (716) 484-1101. Thank you.**

### Office Use Only

Card #s Sold: Start# \_\_\_\_\_ End # \_\_\_\_\_

Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_

Paid: Credit Card Amount \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

(Initial) Order Confirmed \_\_\_\_\_ Packaged By \_\_\_\_\_ Order picked up/delivered \_\_\_\_\_

All staff must complete this form for EVERY order and return it to the Finance Office on the day of fulfillment.