

Additional Location Set-Up Form Web

1 MERCHANT INFORMATION

PLEASE PRINT

DBA Name _____ Company Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Contact Name _____ Phone Number/Extension _____ Contact Email _____

Credit Card Number _____ Card Type: American Express _____ Expiration Date _____ Activation Password (to activate program upon receipt) _____ Location Number _____
 Master Card _____ Visa _____

2 PROGRAM CONFIGURATION

Please Select Your Gift Card Program Parameters For This Location. All other parameters will be standard across all locations.

Is a PBX access number required: Yes No If YES, what number: _____

Choose a Web Login (up to 7 characters) and a Password (up to 12 characters)

Login: _____ Password: _____

Check this box to include a Tip Line:

3 CARD CONFIGURATION

Check here if you want to use the same card as primary location. If box is checked skip to Section 4.

Merchant Name on Card (Print clearly): _____

Select One Card Style From Available Card Selection By Style # _____ Select Quantity: 500 1000 Other (Multiples of 500) _____

Choose Font Style for Merchant Name and Card Number (The suggested *Maximum* number of characters including spaces for a horizontal card is 21. The suggested *Maximum* number of characters including spaces for style #008 is 16 and 16 per line up to 2 lines for style #007):

Verdana Bold **Book Antiqua Bold** *Monotype Corsiva* *Palatino Linotype*

Choose Font Color: Gold Foil Silver Foil White Foil (Not available on style #007) Black (only available on style #007)

Ship Order To: Merchant Other Address _____

To order custom cards, check this box and contact your VESTACARD sales agent:

4 MERCHANT AUTHORIZATION

Representative(s) authorized to conduct business for this merchant: _____ Card Cost: _____ Shipping and Handling \$24.50 Total Due: _____

Signature: _____ Date: _____