

ARDEN FAIR MALL

Gift Card

Corporate Order Form

Phone: (916) 920-4809 FAX: (916) 920-8652
 Management Office Hours: 8:30 am-5:00pm

Date Ordered: _____

Company Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City / State / Zip: _____

Telephone: _____ Fax #: _____

E-mail Address: _____

How will these Gift Cards be used: _____



Please indicate the number of Gift Cards and the denominations desired (available from \$10 - \$500)

Quantity	Card Value	Total Value of Cards (Qty x Card Value)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Order Totals

		\$
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(Quantity) (Grand Total of Order)

Payment Method: (NOTE - Order cannot be processed until payment is received)

Cash Visa MasterCard American Express Discover
 Corporate Check (*pre-approved*) Make check payable to: Arden Fair Mall

**IF PAYING BY CORPORATE CHECK, PLEASE PROVIDE CHECK WITH ORDER AND ALLOW 10-15 DAYS FOR ORDER VERIFICATION AND CHECK PROCESSING.
 ONLY PRE-APPROVED CORPORATE CHECKS WILL BE ACCEPTED. PERSONAL CHECKS ARE NOT ACCEPTED.
 GIFT CARDS ARE NOT REFUNDABLE.**

Pick-Up Date: _____	Pick Up Time: _____
Signature of Representative: _____ (I have received the Gift Cards in the amount listed above.)	

For Office Use Only			
_____ CSR signature	_____ Date	_____ Senior Manager Approval	_____ Date
_____ Marketing Manager Approval	_____ Date	_____ Transaction ID Number (s)	