

Corporate Rewards Card Order

Order Date _____ Order Due Date _____

Company Name _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____



Vestar
Rewards Card



| Quantity | Card Value | Total Value of Cards | Service Fee | Total Service |
|----------|------------|-----------------------|----------------|---------------|
| | | Quantity x Card Value | Quantity x Fee | |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | X _____ | \$ _____ |

Service Fee Schedule

1 - 49 Cards
\$2.00 per Card

50 - 99 Cards
\$1.25 per Card

100 + Cards
\$1.00 per Card

Order Totals

_____ \$ _____

Grand Total \$ _____

Billing Address
(if different from above)

Payment Method Credit Card Corporate Check (prior approval)
Credit card type Visa Mastercard American Express Discover

Credit Card Number _____ Expiration Date _____ Security Code _____

Issuing Bank of Credit Card _____

Purpose of the Sale _____

Additional Notes/Special Requests _____

X
Signature of Card Holder _____ Date _____

Printed Name of Card Holder (as it reads on the card) _____

Thank you
for your order!

If paying by company check,
please make check payable to
VPI Corporate Rewards Card.

Fax to 480.894.0071
Call Ashley at 602.553.2662