



**COLONIE**CENTER

# CORPORATE GIFT CARD PROGRAM ORDER FORM

Order Date: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_

\*Corporate orders may be picked up in the Management Office between 8:30am and 4:30pm, Monday – Friday.

Company/Organization Name: \_\_\_\_\_

Employer/Tax ID Number: \_\_\_\_\_

Company/Organization Address: \_\_\_\_\_

Contact Person Name AND Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

How did you learn about Colonie Center’s Corporate Gift Card Program?  
\_\_\_\_\_

Number of Cards		Amount per Card		Total Amount
_____	x	\$ _____	=	\$ _____
_____	x	\$ _____	=	\$ _____
_____	x	\$ _____	=	\$ _____
_____	x	\$ _____	=	\$ _____

**Payment Method (circle):**

Cash    CompanyCheck    Check  
Discover    Visa    Mastercard

**ORDER TOTAL:** \$ \_\_\_\_\_  
-Corp. Discount: \$ \_\_\_\_\_  
-Waived Fees: \$ \_\_\_\_\_  
**=AMOUNT DUE:** \$ \_\_\_\_\_

Please sign below to verify that the above order has been paid for and picked up by a Company/Organization Representative:

**Sign:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Corp. Discount/Waived Fees Authorized by:

\_\_\_\_\_

*Manager Signature*

Order Fulfilled (With Copy of Photo ID, Business Card, & Receipt Attached) by:

\_\_\_\_\_

*Employee Signature*

\*Corporate Discount Rates:    \$1,000-\$4,999: 5%    \$5,000-\$49,999: 10%    \$50,000+: 15%