

WORLD GIFT CARD

Program Application and Software License

888-745-4112(toll free voice & fax) www.worldgiftcard.com

Merchant Information:

Merchant Name: _____

Business Name to be Printed on Card: _____

if this location is part of a chain or association please check here

Contact Name/Title: _____

Business Address (for cards): _____

City, State, Zip: _____

Telephone: _____ e-mail: _____

Billing Address (if different): _____

City, State, Zip: _____

Bank Name: _____ Telephone: _____

Account #: _____ Routing #: _____

Merchant Terminal ID #: _____

reseller/agent name/tel.ext.: _____

***Please attach a voided check to this application for program fee transfer.**

Check desired card programs:

Gift Card Program maximum value for card activation/recharge: \$

Loyalty Card Program (default \$1 = 1 point)

Terminal type/software (ck one) OMNI Nurit PrimeTrex Talento/Tranz
 wgc.exe eDirex POS PCCharge

Card type (check one): custom Quantum (generic)

if Quantum Card select card image: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

fill in card quantity: custom (minimum 100) Quantum (minimum 100)

ship cards to (check one): merchant reseller

Program Fees:

Monthly Fee \$ _____ Card Order Price \$ _____

Transaction Fee \$ _____ Other Fees \$ _____

Account Set Up \$ _____ **Promotion Code:** _____

Custom cards are full color front, text back, fully encoded and numbered. Artwork supplied by merchant must be in a .TIF file format at 600+DPI sized to 3.5"x2.25" or a scannable original (positive) on white paper. Custom card design services are available and recommended. Call for information.

Special Instruction (dial 9 for outside line, TCP/IP, etc.): _____

See reverse side for terms/conditions. Incomplete/unsigned applications will cause a delay in processing.
Please call if you have questions.

Merchant Signature: _____ Date: _____

*I authorize Gift Card Systems, Inc. to initiate ACH entries to my account for all Program fees incurred.