

GIFT CARD ORDER FORM

Company Information

Name of Company: _____

 Street Address: _____

 City, State & Zip _____

Contact Name: _____

 Contact Phone and Fax Number(s): _____

 Requested Pickup Date and Time: _____

Gift Card Value and Quantity

Value		# of Cards	=	Total
\$ 10.00	x	_____	=	\$ -
\$ 15.00	x	_____	=	\$ -
\$ 20.00	x	_____	=	\$ -
\$ 25.00	x	_____	=	\$ -
\$ 30.00	x	_____	=	\$ -
\$ 35.00	x	_____	=	\$ -
\$ 40.00	x	_____	=	\$ -
\$ 45.00	x	_____	=	\$ -
\$ 50.00	x	_____	=	\$ -
\$ 75.00	x	_____	=	\$ -
\$ 100.00	x	_____	=	\$ -
\$ 125.00	x	_____	=	\$ - *
\$ 175.00	x	_____	=	\$ - *
Other	x	_____	=	\$ -

* Gift with purchase available seasonally

Packaging Options

Level I: *Classic packaging. Select one.* _____ *No charge*

Level II: *Customized packaging*** _____ = \$ -

Level III: *Theme basket filled with salon/spa favorites** Identify your preferences here:*

<i>Small (\$25 - \$49)</i>	=	\$ -
<i>Medium (\$50 - \$99)</i>	=	\$ -
<i>Large (Over \$100)</i>	=	\$ -

Grand Total \$ -

** With a minimum purchase

Payment Method

- Credit** We accept Visa, MasterCard, Discover, and American Express (*please circle one*). Card information must be presented before we are able to activate Gift Cards.
 Card Number: _____
 Expiration Date: _____
- Corporate Check** Make checks payable to:
Simonson's Salon & Day Spa
- Please fax a copy of the check to the location where you'll be picking up your gift cards. A copy of the check must be presented before we are able to activate your gift cards.
- Cash**
- Envelope*
 Gift Box

**THANK YOU
for your order!**

	# Basket(s)		Basket Value \$
<input type="checkbox"/> <i>Small Basket(s):</i>	_____	x	_____
<input type="checkbox"/> <i>Medium Basket(s):</i>	_____	x	_____
<input type="checkbox"/> <i>Large Basket(s):</i>	_____	x	_____

Order Receipt

Please bring a company ID or business card to verify employment when you pick up your order. Review your order carefully and count the number of gift cards received.

By signing below, I verify that I have received my order in its entirety.

Signature of Recipient _____ Date _____ Print Name _____

3507 Round Lake Blvd.
 Anoka, MN 55303
 ph: 763-427-0761
 fax: 763-427-0358

13744 83rd Way
 Maple Grove, MN 55369
 ph: 763-494-4863
 fax: 763-494-8392

19320 Highway 169
 Elk River, MN 55330
 ph: 763-441-5999
 fax: 763-274-1660

4315 Peony Lane
 Plymouth, MN 55446
 ph: 763-550-1121
 fax: 763-550-1301



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