

Ala Moana Center Gift Cards

Corporate Order Form



Ala Moana Center Guest Services
1450 Ala Moana Blvd., Ste. 1113
Honolulu, HI 96814

Phone: 808.628.5627 Fax: 808.949.0985

Email: kqian@corporateconciierge.com

Please mail checks to: Gift Card Orders, Corporate Concierge Services
135 S. LaSalle St., Suite 2430, Chicago, IL 60603

First time customers, please submit a W-9 form together with your order form. It may take 5-7 business days for your application to be approved. Please call 808.955.9517 ext. 2 or email kqian@corporateconciierge.com for more information.

For orders over \$2,000 it may take 2-3 business days for approval of your order prior to the order being processed. Orders can be processed Monday-Friday from 10am to 5pm. Preferred forms of payment are electronic payment via ACH or credit card. Please note that ACH deposits may be subject to additional processing fees by your financial institution and it may take 5-7 business days before the funds are available. If paying by credit card, please fax the form for security purposes.

Date: _____ Federal ID#: _____

Company Name: _____ Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Corporate Gift card purchase fee is
\$3.00 per card valued at \$30.00-49.99
\$3.95 per card valued at \$50.00-\$99.99
\$5.00 per card valued at \$100.00 and above
Corporate cards can range in value from \$30 to \$250 per card when paid by credit card
Corporate cards can range in value from \$30 to \$1000 when paid by corporate check or ACH

_____ cards at \$ _____ + fees per card \$ _____ = Total \$ _____

_____ cards at \$ _____ + fees per card \$ _____ = Total \$ _____

Please use additional sheet if needed.

Grand Total \$ _____

Payment Information *(Please do not email form with credit card number for security purposes.)*

• Electronic payment via ACH to:

Corporate Concierge Services

Bank Name: Chase

Bank Account Number: #870788267

Bank Routing Number: #071000013

• Credit card: American Express

Discover

MasterCard

Visa

Union Pay

Card number:(last for digits only) _____ Expiration date: _____ CVV code: _____

Cardholder's name: _____ Phone: _____

Billing address: _____

Cardholder's signature: _____ Date: _____

Names of people authorized to pick up Reward cards (must present ID when picking up cards):

Internal Use Only

Date order received: _____ Order received by: _____

For orders over \$2,000, approved by: _____ Date: _____

For orders over \$8,000, approved by: _____ Date: _____

Date order processed: _____ Order processed by: _____