GiftCards on Demand
POWERED BY Opticard

MERCHANT GIFT / LOYALTY AGREEMENT
Please complete all fields below.

BUSINESS INFORMATION

Business Legal Name:	DBA Name:
Mailing Address:	DBA Address:
City, State, Zip:	City, State, Zip:

Phone:	Fax:	Contact Name:

Shipping Info: ☐ Use DBA Address ☐ Use Mailing Address	Contact Email Address: (required)

Time Zone: ☐ Eastern ☐ Central ☐ Mountain ☐ Pacific ☐ Hawaii ☐ Alaska

PRICING AND FEES

Welcome Kit Fee: $24.95	Contents: 50 personalized cards, 50 card carriers, one acrylic display holder, vinyl 'cling' window signage, countertop advertising 'table tent' (A $67.50 value)

Monthly Service Fee (per location):	Transaction Fee (for transactions over 200 per month):	Returned ACH Fee: $25.00

☐ Single location ☐ Multiple locations (if multiple, please provide primary MID)	Primary MID:

CARD DESIGN

Card Color: ☐ Silver (default) ☐ Red ☐ Green ☐ Blue ☐ Gold

Please enter the text that will appear on the face of the Gift Card. If left blank, Line 1 will default to the DBA Name above, Line 2 to DBA Address, Line 3 to City/State/Zip, and Line 4 to Phone. To leave an intentional blank line, write BLANK LINE. Spaces count toward character maximum.

SAMPLE GIFTCARD (not actual size) ▷

Line 1 - DBA Name
Line 2 - DBA Address
Line 3 - City, State, Zip
Line 4 - Phone

Line 1	20 Chars Max	
Line 2	40 Chars Max	
Line 3	40 Chars Max	
Line 4	40 Chars Max	

BILLING INFORMATION

Monthly invoices are emailed to merchant and collected via ACH transfer. Invoices are also available via the merchants web account. A copy of a voided check must accompany agreement. Merchant must maintain both a valid email address with Opticard and a valid checking account in which Opticard can draft payments.

Routing Number:	Account Number:
Bank Name:	Email Address (for monthly statement):

SIGNATURES AND ACKNOWLEDGEMENTS

MERCHANT AGREED AND ACCEPTED:

I have read and agree to the terms and conditions of this Agreement. The officer(s) identified have the authority to execute the MERCHANT GIFT/LOYALTY AGREEMENT with Opticard on behalf of the corporation or LLC, if applicable

X _____   _____

Authorized MERCHANT or Officer's Signature   Date