



# Gift Card Request Form

COMPLETE AND RETURN TO [vacations@adelmantravel.com](mailto:vacations@adelmantravel.com) OR Fax to (417) 888-4482

Attn: Front Desk (Please do not send original if you faxed request)

Payment MUST BE RECEIVED and noted before any certificate will be issued. Clients must redeem cards through Adelman Travel. Please call 800-749-7116 with any questions.

■ **BRANCH INFORMATION:**

Agent Name		Date	
Branch		Date Needed	

**CARD INFORMATION:**

Recipient Name	
Recipient Email	
Recipient Address	
Dollar Amount	

**PAYMENT INFORMATION:**

Purchaser's Name		Telephone	
Email Address			
Purchaser's Address			
Authorized by			
Form Of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check, Check # _____ <input type="checkbox"/> Credit Card  # _____ Exp. Date _____ CVV/CVC code _____ Card Holder Signature _____	Credit Card Amount Received/Authorized \$ _____ 3% must be added	

**DELIVERY INSTRUCTIONS:**

Return Via	<input type="checkbox"/> Branch Mail <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight at Client's Expense ( <b>check below</b> ): <input type="checkbox"/> Overnight # _____ <input type="checkbox"/> Bill to Credit Card
Mailing Address <i>(if different than Branch Mail)</i>	
DK# (Office Use)	

**For Office/Accounting Use:**

Card # \_\_\_\_\_ Issue Date \_\_\_\_\_

Accounting: Please process payment and return this form to Vacations marketing for logbook.

Accounting Initials \_\_\_\_\_ Charge Date \_\_\_\_\_