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Must contact sales office for rates. For assistance locating your sales office, please call 888-481-0757, Option 4.

Gift & Loyalty Card Program | Reorder Form

ISO Name: Impact PaySy	stem	ISO #: 7148			Sales Agent: Date: 12/			/29/2022
Merchant Information								
Merchant Name: Goode To Go				Contact Name: Dustin Chartier			Contact Phone or Email: dhchartier@aol.com	
Shipping Address: 1301 River Dr.				City: N Sioux City			State: SD	Zip: 57049
Our production software has recently changed. Please complete all requested information to prevent delays processing your reorder.								
Select Card Type								
Option 1 – Predesigned Card Select a predesigned card option below. Provide up to 3 lines of text to appear on card front: Merchant Name:								
Option 2 – Logo Card								
Please select a Predesigned option below. A \$75 plate fee applies if changing designs.								
☐ Option 3 – Custom Card Design								
If changing design from prior order, please submit your new artwork with this form. A \$75 plate fee applies if changing designs.								
Predesigned Card Options								
Yellow Red Blue White Green Solid Color Card Options Black Solid Color Card Options Black Red Bow Diner Diner Diner Diner Cafe Pizzeria Restaurant Red Bow Diner Diner Pizzeria Restaurant Red Bow Diner Diner Pizzeria Restaurant Red Bow Diner Diner Pizzeria Parchment Pizzeria Pizzeria								
Materials & Rates								
T. 107 -		ard Rou		•	Static	Table	Countertop	
Type Cost (each)		riers De 0.20 \$1.	cal Disp .00 \$6.		Window Cling \$2.50	Tent \$2.50	Display \$14.95	(Min 500) \$
Quantity	250	,,20 31.	.00 50.	JU	γ2.3U	۷۷،۵۷	714.33	γ <u></u>
Shipping & Billing Instructions								
Final cost is based on current rate & method: \(\textstyle \textstyle \text{Ground (standard if none selected)} \) \(\precedul 2^{nd} \text{ Day} \) \(\precedul \text{Next Day} \)								
Bill this reorder to: So ISO Merchant Pay with: Current Bank Account on File Credit Card (If card, Paya to contact merchant for payment at contact method listed above)								
Authorize Paya-EFT to complete this reorder and I agree to pay all charges related to this order form. Authorized ISO or Merchant Signature: Title: Date:								