

## PURCHASE REQUEST

**Fax Number: +27 (0)86 658 8373**

**From:** ..... **Date:** .....

**Client Information:**

**Name and Surname** .....

**Company Name (if applicable)** .....

**Email Address** .....

**Landline Number** .....

**Cell Number** .....

**PLEASE NOTE**

- All gift experiences **include** an electronic gift pack only.
- A tangible gift pack **with** overnight courier (city centre's only) is an optional extra @ R145.
- Hampers and/or CaRRoL BoYeS items are sent via regular, insured mail. Allow 5 – 10 business days to process.

The following information will be used to personalize and then send the gift voucher. **All** fields are mandatory.

**To Whom?** .....

**Gift Recipient's Email Address** .....

**From Whom?** .....

**Gift Sender's Email Address (you will be Cc'ed)** .....

**Occasion** .....

**Personal Message** .....

**Date when gift pack should arrive?** .....

**OPTIONAL** – Would you like to purchase the tangible gift pack with courier @ R145? **Y**  **N**

**Recipient Information:** (A work address is recommended. Gifts are hand delivered by courier and need to be signed for) | Overnight courier to city centre's only | Please contact us directly for outlying areas | No weekend deliveries.

**Name and Surname** .....

**Company Name (if applicable)** .....

**Physical Address for Delivery** .....

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**Landline Number (for courier)** .....

**Cell Number (for courier)** .....

**Order Details:**

Quantity	Product Name/Ref No.	Price

**Payment Method:**

- VISA
- Master Card
- Via Internet transfer or direct deposit

Name on card:-----  
Credit card number:-----  
Expiry date:-----  
Security code – last 3 digits on reverse of card:-----  
Budget: Y  N

Please fax the order form together with your confirmation of payment as soon as possible. Orders cannot be processed until funds including cheques have completely cleared. Please use your name and surname as reference when making payment.

**CGE Bank Details:**

Bank: ABSA  
Branch Code: 63-20-05  
Account type: Current  
Swift Code: ABSAZAJJ  
Account Number: 4066023864

**Additional information:**

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**Please advise whether you would like to be added to the CGE monthly newsletter and kept informed of our special offers.** Y  N

**Please acknowledge that you have read and understand our Terms & Conditions.**

Thank you for your custom we will be in contact with you shortly.

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date fax received: ----- Payment received: ----- Order processed: ----- Voucher despatched: ----- Invoice despatched: ----- Notes:----- ----- Add to newsletter distribution list: Y <input type="checkbox"/> N <input type="checkbox"/></p>
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