

Sears incentives™

222 Jarvis Street, 7th Floor
 Toronto, ON M5B 2B8
 TEL: 866-297-5306 FAX: 877-327-7230
 Email: gftcert@sears.ca

Invoice Number: _____

Date: _____

PO # :

SHIP TO :
 YOUR NAME _____

ORDERED BY: _____

COMPANY NAME _____

COMPANY NAME: _____

ADDRESS _____

ADDRESS: _____

TELEPHONE# _____

TELEPHONE# _____

FAX #: _____

Logo: Yes / No	Special Notes :
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Please indicate the number of each denomination

QUANTITY	X	DENOMINATION	SUBTOTAL	FROM SERIAL # (16)	TO SERIAL # (16)	SHIP DATE	ACTIVE DATE
	x	10.00 DENOMINATED	0.00				
	x	25.00 DENOMINATED	0.00				
	x	50.00 DENOMINATED	0.00				
	x	100.00 DENOMINATED	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	OTHER DENOMINATION	0.00				
	x	500.00 OTHER DENOMINATION	0.00				
DUE SEARS:		TOTAL:	0	\$			

Payment Method:	Fulfillment Centre:	Track #
<input type="checkbox"/> CERTIFIED CHEQUE:	<input type="checkbox"/> CHEQUE NUMBER #	<input type="checkbox"/> CHEQUE AMOUNT: \$
Visa, MasterCard, American Express, Sears Card, Sears Merchant Commercial Account		
ACCOUNT #:	<input style="width: 250px;" type="text"/>	EXPIRY DATE: <input style="width: 50px;" type="text"/>
		CID: <input style="width: 50px;" type="text"/>
Name on Account: _____	APPROVAL# _____	Last 3 numbers on signature panel

AUTHORIZED SIGNATURE _____ DATE: _____

I HAVE THE AUTHORITY TO BIND THE ABOVE COMPANY FOR THIS PURCHASE

EMAIL: _____