

**SECURE PAYMENT SYSTEMS™**

MID # \_\_\_\_\_

**“Re-Order / Change” - Gift / Loyalty Card Services Agreement**

ISO Sales # \_\_\_\_\_

The undersigned (“Subscriber”) hereby requests Secure Payment Systems (“SPS”) to either (a) re-order gift / loyalty cards and/or accessories or (b) make changes or modifications in accordance with Subscriber’s Custom or Select Gift Card Services Agreement (“Agreement”).

**SERVICE PROVIDED TO:** (please show additional locations separately) Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**1a. CUSTOM CARD CHANGE / RE-ORDER:** GIFT ONLY  LOYALTY ONLY  GIFT / LOYALTY COMBINATION

**Add Loyalty to Existing Gift Card: Yes \_\_\_ See Item #7 below** (please call in advance to verify terminal/software compatibility)

**Artwork Changes to Existing Card: Yes \_\_\_ No \_\_\_ If Yes, Please Notate: Change to Front  Change to Back**

**Custom Re-Order Quantity \_\_\_\_\_ Cost Per Card \$ \_\_\_\_\_ Re-Order Set Up \$ \_\_\_\_\_** (Full Price If Plate Change)

**1b. SELECT CARD CHANGE / RE-ORDER:** SELECT I  SELECT II  SELECT III  SELECT “PLUS”

**PLEASE CHOOSE ONE:** GIFT ONLY  LOYALTY ONLY  GIFT / LOYALTY COMBINATION

**“SELECT” PROGRAM REORDER COST:** \$ \_\_\_\_\_

**ORDER INFO: Same Card & Holder \_\_\_ OR Different Card: Style # \_\_\_\_\_ Font Style \_\_\_\_\_ Holder Style # \_\_\_\_\_**

(Note: If selecting a card “hanger” instead of a card “holder/envelope” then please choose a color: **Black \_\_\_ Cream \_\_\_ Gray \_\_\_**)

**Business Name to Appear if Select Card** (print clearly or write “same as prior”) \_\_\_\_\_

**Second Line of Text (if any)** (print clearly or write “same as prior”) \_\_\_\_\_

(Note: Each Select I, II, III plan includes one line of a company name. Each line of print in excess of the first line will be charged at \$.05 per line per card)

**2. ACCESSORIES**

(a) Qty \_\_\_\_\_ Generic Holder / Envelope Style # \_\_\_\_\_ \$ \_\_\_\_\_ per

(b) Qty \_\_\_\_\_ Generic Hanger (Blk \_\_\_ Crm \_\_\_ Gry\_\_\_) \$ \_\_\_\_\_ per

(c) Qty \_\_\_\_\_ Custom 4 color Holder / Envelope \$ \_\_\_\_\_ per

(d) Qty \_\_\_\_\_ Custom 4 color Hanger (plus glue dots) \$ \_\_\_\_\_ per

(e) Qty \_\_\_\_\_ Acrylic 5 x 7 Display \$ \_\_\_\_\_ per

(f) Qty \_\_\_\_\_ Acrylic 8 x 10 Display \$ \_\_\_\_\_ per

(g) Qty \_\_\_\_\_ Acrylic 10 x 8 Display \$ \_\_\_\_\_ per

(h) Qty \_\_\_\_\_ Hanger Display Rack \$ \_\_\_\_\_ per

**3. Custom / Select Plus Graphic Design Assistance?** Y \_\_\_ N \_\_\_ (if yes, Customer agrees to SPS fee of \$85 per design)

**4. If Subscriber requests more than one custom art proof then Subscriber agrees to a fee of \$30 per additional proof so provided.**

**5. Custom or “Select Plus” Card Back Text:** Custom: \_\_\_ Standard \_\_\_ (If Non Standard Card Back then please provide revision)

**6. Ship Package to:** Sales Agent \_\_\_ or Customer \_\_\_ Note: In all cases, Subscriber agrees to pay SPS shipping charges.

**7. If integrating Loyalty into a pre-existing Gift card then note that a one-time database update fee of \$ \_\_\_\_\_ applies.**

**8. If converting to a SPS supported PC based POS software system then please select the system and note the applicable fees in 8a:**

**PC Charge \_\_\_ Aloha POS \_\_\_ MICROS \_\_\_ Maitred’ \_\_\_ Positouch \_\_\_ Other \_\_\_ (Dial \_\_\_ IP \_\_\_) SoftwareVersion # \_\_\_\_\_**

**8a. (Surcharges for POS Systems) For each location a Set Up surcharge of \$ \_\_\_\_\_ and \$ \_\_\_\_\_ Flat Monthly Fee surcharge**

**AGREEMENT: Subscriber authorizes SPS to charge Subscriber’s financial institution account(s) and pay SPS by electronic funds transfer the total amount due, including delivery charges (if any), in Subscriber’s next monthly invoice. This Re-Order Agreement includes all of the terms and conditions on the initial Gift Card Services Agreement and has been executed on behalf of and by the authorized management of each party as of the date written below.**

Accepted By: \_\_\_\_\_ Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Salesperson Printed Name \_\_\_\_\_ ISO Group Name \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ SPS Management Acceptance \_\_\_\_\_ Date \_\_\_\_\_