

Ala Moana Center Gift Cards

Corporate Order Form



Ala Moana Center Guest Services
1450 Ala Moana Blvd., Ste. 1113
Honolulu, HI 96814
Phone: 808.955.9517 ext. 2 Fax: 808.949.0985
Email: kqian@corporateconciierge.com

Please mail checks to: Leslie McLain, Corporate Concierge Services
135 S. LaSalle St., Suite 2430, Chicago, IL 60603

First time customers, please submit a W-9 form together with your order form. It may take 5-7 business days for your application to be approved. Please call 808.955.9517 ext. 2 or email kqian@corporateconciierge.com for more information.
For orders over \$2,000 it may take 2-3 business days for approval of your order prior to the order being processed. Orders can be processed Monday-Friday from 10am to 5pm. Preferred forms of payment are electronic payment via ACH or credit card. Please note that ACH deposits may be subject to additional processing fees by your financial institution and it may take 5-7 business days before the funds are available. If paying by credit card, please fax the form for security purposes.

Date: _____ Federal ID#: _____
Company Name: _____ Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

Corporate Gift card purchase fee is
\$3.00 per card valued at \$30.00-49.99
\$3.95 per card valued at \$50.00-\$99.99
\$5.00 per card valued at \$100.00 and above
Corporate cards can range in value from \$30 to \$250 per card when paid by credit card up to a maximum of \$5,000, after that payment by ACH or corporate check is required
Corporate cards can range in value from \$30 to \$1000 when paid by corporate check or ACH

_____ cards at \$ _____ + fees per card \$ _____ = Total \$ _____
_____ cards at \$ _____ + fees per card \$ _____ = Total \$ _____
Please use additional sheet if needed. **Grand Total \$ _____**

Payment Information (Please do not email form with credit card number for security purposes.)

• Electronic payment via ACH to:
Corporate Concierge Services
Bank Name: Chase Bank Account Number: #870788267 Bank Routing Number: #071000013
• Credit card: American Express Discover MasterCard Visa Union Pay
Card number:(last for digits only) _____ Expiration date: _____ CVV code: _____
Cardholder's name: _____ Phone: _____
Billing address: _____
Cardholder's signature: _____ Date: _____
Names of people authorized to pick up Reward cards (must present ID when picking up cards): _____

Internal Use Only

Date order received: _____ Order received by: _____
For orders over \$2,000, approved by: _____ Date: _____
For orders over \$8,000, approved by: _____ Date: _____
Date order processed: _____ Order processed by: _____