

Medicine Hat Voucher Request Form

Companies and individuals order vouchers for a function they are hosting, placing a credit card number on file, enabling the service to be billed to that credit card. Upon the client using the service they would turn the voucher over to the driver and the applicable charges would be recorded on the voucher. Within fifteen (15) days of the function a copy of the vouchers used are sent to you for your accounting purposes.

Vouchers must be ordered in multiples of four (4). There is an administration cost for the vouchers (see Chart below).

# of Vou.	Charges								
4	\$ 25.00	8	\$ 26.00	12	\$ 27.00	16	\$ 28.00	20	\$ 29.00
24	\$ 30.00	28	\$ 31.00	32	\$ 32.00	36	\$ 33.00	40	\$ 34.00
44	\$ 35.00	48	\$ 36.00	52	\$ 37.00	56	\$ 38.00	60	\$ 39.00
64	\$ 40.00	68	\$ 41.00	72	\$ 42.00	76	\$ 43.00	80	\$ 44.00

There are no refunds on cancellation or modification requests. Administration and Delivery fee are processed at the time the vouchers are ordered. The Cardholder is responsible for all charges on the vouchers used and authorizes these charges to be placed on the credit card supplied. It is the responsibility of the company/individual to destroy ALL unused vouchers.

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have read, understand and agree to the above.

Signature:

Date:

Company/Individual Information (For Private Functions, enter 'Private' in Company Name)

Company Name:	Address:
City:	Postal Code:
Contact Name:	Phone #:
Fax #:	E-mail:

Function Information

Date of Function (include the day of the week):	# of Vouchers:
Location Name & Address:	

Gratuities on Vouchers (Please check one of the following):

Set by the voucher holder at the time of service		No Gratuities allowed on the voucher	
Pre-set Percentage (Please enter the percentage allowed)			

Shipment of Vouchers (Please check one of the following):

Mailed – There is no additional charge for mailing however, Keys Please® is not liable for the loss, delay or
mishandling of any gift certificates sent through Canada Post.
Delivered by Keys Please [®] (Cost \$20.00)
Picked Up at Keys Please [®] Medicine Hat Office

Credit Card Information

Card Number:	Expiry Date:
Cardholder Name (print):	CCV Code:

Cardholder Signature:

Office Use:		
Processed By	_Date	Confirmation #