



Section 1: Your details

First name:

Surname:

Email:

Telephone:

Section 2: Business details

Business name: ABN:

Street address: Suburb / Town:

State: Postcode:

Business type:

Company Partnership Trust Others

Section 3: Billing details

Same as above (disregard below)

Contact name: ABN:

Business name: Suburb / Town:

Street address: Postcode:

Email: Telephone:

Preferred payment method:

Bank Deposit

Debit / Credit card

Billing Note:

An invoice with payment instructions will be provided for a total including card value/s + card purchase fee, and relevant debit/credit card surcharge fee. This must be paid prior to issuing any Gift Cards. Please allow 3 business days for funds to clear prior to receiving cards. Invoice will be issued from 545490 OPS Pty Ltd Name. 545490 OPS Pty Ltd acts as an agent for Mastercard Prepaid Management Services Australia Pty Ltd ("Mastercard") to invoice and collect funds.

Section 4: Gift Card Order Requirements

Denomination (between \$5.00 and \$500)	Quantity required
\$	<input type="text"/>
\$	<input type="text"/>
\$	<input type="text"/>
\$	<input type="text"/>
\$	<input type="text"/>

Delivery method:

Physical (Plastic) Gift cards. Please complete Section 5. Digital (Virtual) Gift cards. Please complete Section 6.



Section 5: Physical Card Delivery Details.

Only complete this section if Physical card is chosen.

Contact name:

Business name: Telephone:

Street address: Suburb / Town:

State: Postcode:

Section 6: Digital Card Delivery Details.

Only complete this section if Digital card is chosen.

Delivery method 1: Links (Gift card links provided as a CSV file, for the company to distribute themselves)

Email address:

Date required:

Note: A CSV file will be sent with activation links, which will be valid for 90 days from date sent.

Delivery method 2: Direct email (Mastercard to email digital cards links to individual recipients)

Please click [here](#) to download the .csv form and complete the required details for all recipients for delivery.

First Name	Last name	Email address	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>	+614 <input type="text"/>

Scheduled delivery timezone: Scheduled delivery date: Scheduled delivery time:

NOTE: Enter ASAP if delivery required once payment made

Email message:

NOTE: Email sender is auto populated to read "[Company Name] has sent you a gift card" and "Hello [Company Name] would like to thank you for your hard work this year".

Please send this completed form, along with the completed csv form (if you have selected delivery method 2), to giftcards@mastercard.com, allowing 1-2 business day for a response.

Office Use Only:

KYB/KYC completed: Date KYB completed:

Card purchase fee: Order ID:

PRIVACY NOTICE: Mastercard is collecting your personal information to process your order. Your personal information will be shared with Mastercard and 545490 Pty Ltd, trading as Karta Co (Karta) to facilitate your order and undertake any identity checks required for compliance purposes.

DISCLAIMER: Mastercard Digital Gift Card is issued by 545490 Pty Ltd, trading as Karta Co (Karta) ABN 86 648 605 225, pursuant to a license by Mastercard Asia/Pacific Pte. Ltd. Mastercard Prepaid Management Services Australia Pty Ltd ABN 47 145 452 044 is the distributor of the Card and is responsible for providing various cardholder services. Read the full **terms and conditions** before purchase and first use.