



**Gift Certificate Order Form**



My name:

My phone number:

My email address:

How I heard about Complete Performance Solutions:

Number of Gift Certificates (at \$110 each):

Reason for Gift Certificate purchase (e.g. birthday):

Name to put on the Gift Certificate(s):

Phone numbers of Gift Certificate recipient: home - mobile -

Email address of Gift Certificate recipient:

Address to mail the Gift Certificate to:

**Payment details (for a once-off payment)**

Payment total (i.e. \$110 x number of Gift Certificates) =

**DEBIT CARD DETAILS**

Name of Institution   
 e.g. ("Commonwealth Bank")

Suburb where branch is located:

Name of Account Holder(s):

BSB Number:  -  Account Number:

I/ we authorize Ezyppay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

**OR**

**CREDIT CARD** Select your card type:  VISA  MASTERCARD  AMEX  DINERS

Card Number:

Name on Card:  Expiry Date:

**AUTHORISATION**

This authorization is to remain in force in accordance with the Terms and Conditions on this page (5) and the following page (6) which I / we have read and understood. My signature below also accepts 'My Commitment to my Health and Wellbeing' as noted on page 4.

1.  2.  Date:

Signature of cardholder(s) or account holder(s)

**Terms & Conditions**

It is my/our responsibility to have sufficient funds available in my/our account failing which I/we will incur a failed payment fee of up to \$11.44 for each unsuccessful debit, in addition to any fees charged by my/our Financial Institution.

I/We understand that a payment processing fee of \$0.88 for bank debit, 2.288% for credit card or 4.576% for AMEX/Diners will be added to my/our Payment Total.

Please return this completed form to...

Email: [info@completeperformancesolutions.com](mailto:info@completeperformancesolutions.com) , or  
 Mail: Complete Performance Solutions, PO Box 7308, East Brisbane, Qld 4169

