Easy Shopping Order Form (Monthly Order for Gift Cards)

Incomplete forms will not be accepted.



Lyoness America Inc. 1200 East Las Olas Blvd. Suite 300 Fort Lauderdale, FL 33301

	Telephone: (888) 565-8089
Member ID	
First & Last Name / Comapny Name	
Mobile Telephone	
Please send the form via regular mail to: Lyoness America Inc., PO Box 750577 Forest Hills, NY 11375-0577 or via fax: (64 or send the scanned image via email to: EZShop@lyoness.us	346) 537-1728
DEADLINE: Order must be submitted 10 business days prior to first Monday	y of the following month.
ORDER INFORMATION: (all amounts in USD) *Monthly orders are processed on the 1st Monday of each month. Minimum month	nthly order is \$300.
RECURRING ORDER FOR E-GIFT CARD(S) Loyalty N	y Merchant (Name/ID) Gift Card Value
* Except Bank Holidays - Orders will be processed on the next business day. Orders will be shipped once fun	unds are cleared
	unds are cleared. TOTAL:
RECURRING ORDER FOR GIFT CARD(S) DELIVERED BY MAIL	y Merchant (Name/ID) Gift Card Value
	TOTAL:
	TOTAL
	AMOUNT TO PAY:
	(MINIMUM \$300)
DELIVERY INFORMATION	
☐ Via US mail to member standard address	DELIVERY Up to 5 Business Days, Larger orders (more than \$5,000 or 30 gift cards)
☐ Via US mail mail to member alternate address	TIME: can take 5-10 business days.
NOTE: Please see the attached Gift Card Availability Form for a full selection of	f Gift Cards. Please refer to the Lyoness website for a full selection of eGift Cards.
nis order is processed by Lyoness America Inc. Terms & Conditions (GTCs) are applicable to this purchase. Lyon utlined in the Direct Debit Authorization form that is required for this order to be valid.	oness reserves the right to reject or to not process this order without stating the reasons for doing so. Payments will be performed as
PAYMENT INFORMATION	
☐ Payment via credit from my Shopping Credit Account	NOTE: Shopping Credits must be in the Shopping Credit Account when the order is processed on the first Monday of each month (unless it falls on a holiday, then orders will be processed the next business day).
	Automatic direct debits will be withdrawn 3 business days before monthly orders are processed.
Payment via automatic direct debit (ACH) (Direct Debit Authorization Form Must Be Completed and Attached)	Orders will be shipped once payment is secured.
ate	Member's Signature / Company Signature

Direct Debit Authorization Form

(Easy Shopping Program)



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New □	Delete □	Change □	
Name of the Company:			
Name of the Owner:			
Address:			
City:		State:	Zip:
Phone:			
Loyalty Merchant ID# (I	f applicable):		
Bank Information			
Bank Name:			
Account Owner:			
Account Name:			
City:		State:	Zip:
Routing # (9 digits):			
Bank Account #:			
	withdrawn 3 days before monthly orders are proc on the 1st Monday of each month.	essed.	
referenced above for service said credits and debits as the	ces rendered and/or products purchased as ney occur. I (We) understand and agree that ands for cancellation of service and that all c	sidiaries (Lyoness) will initiate debit and/or of per Easy Shopping Order Form between the charges declined by the financial institution wharges incurred for Lyoness' services and programme to the programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for Lyoness' services and programme of the charges incurred for the charges in the charges	ne member and Lyoness; and so authorize which maintains the above named checking
It is the responsibility of the unsuccessful attempt due to		ands to cover the authorized ACH drafts, the	refore there will be a \$15.00 fee for every
This authorization shall ren and manner to allow Lyones acknowledges that: If this is to complete and submit this	nain in effect unless and until Lyoness has re es to act which may take up to thirty days. By a corporation, limited liability company, or pa	executing this Authorization Form, the undersartnership, the individual(s) executing this form sents and warrants to Lyoness that the person	s authorization has been terminated in such time signed individuals represents,warrants, and
Account Owner Signatu	ire	Date	
Print Name and Title			
	ΔΤΤΔCH PRF-P	RINTED VOIDED CHECK	

Easy Shopping Gift Card Availability Form



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These Gift Cards are only available through the Easy Shopping Program. Please select desired gift cards with the denomination and provide that information on the Easy Shopping Order Form.

DESCRIPTION	AMOUNT
Outback Steakhouse	\$25
ВР	\$100
ВР	\$250
Exxon Mobil	\$100
CVS Pharmacy	\$25
CVS Pharmacy	\$100
Lord & Taylor	\$100
Sears	\$25
Sears	\$100
Kmart	\$100
Chevron	\$100
American Airlines	\$100
Home Depot	\$25
Home Depot	\$100
Footlocker	\$25
California Pizza Kitchen	\$25
California Pizza Kitchen	\$50
California Pizza Kitchen	\$100
Subway	\$25
Subway	\$50
Office Depot	\$50
Darden	\$50
Doris Market	\$25
Rotelli Pizza and Pasta	\$25
Rotelli Pizza and Pasta	\$50
The Billiard Club	\$50
The Billiard Club	\$100