Vtix Solutions Corporation

Pre-Printed Raffle Tickets Order Form

Date: ____

Step 1: Contact/Billing Information

☐ Bill to: Contact Name: _____ E-mail: _____

☐ Bill to: Company: _____ Phone: ___-___-____

Shipping Address: _____ Fax: ___-___-____

City: _____ Prov/State: _____ Postal/Zip: _____

Step 2: Raffle Information

(Leave any field blank if not applicable)

Name of Raffle: _____

Raffle Prize(s): _____

_____

Date of Raffle Draw: _____ Raffle Price: _____

Other Information: _____

_____

Please include a graphic of a: _____

☐ Please include a special graphic as emailed to tickets@vtix.com **(digital format: black and white jpeg, gif, tiff, pdf, bmp)**

Step 3: Raffle Information

Number of Tickets Required: _____ Starting Number: _____

Ticket Colour: (check one) ☐ Red ☐ Blue ☐ Green ☐ Purple ☐ Orange ☐ Yellow ☐ Gold ☐ Silver

Step 4: Shipping Instructions

☐ Same as billing address ☐ Tickets will be picked up ☐ Please arrange delivery

Delivery Options:

☐ Same day

☐ Overnight

Shipping Address: _____

City: _____ Prov: _____ Postal: _____

Step 5: Payment Instructions

I will be paying by: (check one) ☐ Visa ☐ M/C ☐ Cheque ☐ Cash ☐ Debit **(tickets must be paid in advance of shipment or at time of pickup)**

Name on Card: _____

Card #: _____ Expiry Date: _____

Vtix Solutions Corp.

Fax back ▸ 604-241-7727

or Phone back ▸ 604-241-7292

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