

EPIC Gift Cards Order Form

Fax, Mail, or Email this form

Note: a shipping and handling charge of \$6.00* (USPS) will be charged for each shipment address.

Number of Cards _____
Dollar amount on each card (minimum \$10) X _____
Subtotal = \$ _____
Add Shipping and Handling (number of Shipment Addresses times \$6.00)* + _____
Total = \$ _____

*Overnight shipping per address \$19.95

At which EPIC location will your gift be used?

_____ EPIC Theatres of Hendersonville and The Four Seasons of Hendersonville NC 28792

_____ EPIC's Victoria Square Six Theatres, DeLand, FL 32720

_____ EPIC's New Smyrna Beacon Theatres, New Smyrna Beach, FL 32168

Method of payment:

MasterCard _____ or Visa _____ (check one)

Name on the Card _____

Billing Address of the Card _____

Card Number _____

Expiration Date _____

VBN Code _____

If Faxing or Mailing Please Sign Here _____

Would you like us to include names on the from _____ and to _____ sections of the gift card? Yes ___ No ___

May we contact you by phone if we have questions? Yes ___ No ___ phone number _____

Ship the card(s) to: (Leave blank if same as payment address)

Name _____ Card Amount \$ _____

Street Address _____ (no P.O. Box)

City _____ State _____ ZIP _____

Name _____ Card Amount \$ _____

Street Address _____ (no P.O. Box)

City _____ State _____ ZIP _____

Name _____ Card Amount \$ _____

Street Address _____ (no P.O. Box)

City _____ State _____ ZIP _____

Fax to 386-738-2596

Or email to Gift@epictheatres.com

All sales tax is included

Or Mail To: Epic Gift Cards

P.O. Box 2076

DeLand, FL 32721

