

Shopping Vouchers Order form



**New Ross
CHAMBER**
IN BUSINESS FOR BUSINESS

Order Date: _____ **Company Name:** _____

Contact Person: _____

Tel/Mob: _____

Total Value: _____

Date Required: _____

Please include Names and Quantity required:-

| Denominations | €50 | €20 |
|-----------------------|---------------------|---------------------|
| 1 Name: _____ | Value: _____ | Value: _____ |
| 2 Name: _____ | Value: _____ | Value: _____ |
| 3 Name: _____ | Value: _____ | Value: _____ |
| 4 Name: _____ | Value: _____ | Value: _____ |
| 5 Name: _____ | Value: _____ | Value: _____ |
| 6 Name: _____ | Value: _____ | Value: _____ |
| 7 Name: _____ | Value: _____ | Value: _____ |
| 8 Name: _____ | Value: _____ | Value: _____ |
| 9 Name: _____ | Value: _____ | Value: _____ |
| 10 Name: _____ | Value: _____ | Value: _____ |
| 11 Name: _____ | Value: _____ | Value: _____ |
| 12 Name: _____ | Value: _____ | Value: _____ |
| 13 Name: _____ | Value: _____ | Value: _____ |
| 14 Name: _____ | Value: _____ | Value: _____ |
| 15 Name: _____ | Value: _____ | Value: _____ |

Signature: _____ **Date:** _____
Owner/Manager

The New Ross Chamber of Commerce fully respects your right to privacy. Any personal information which you provide to the New Ross Chamber will be treated as strictly confidential in accordance with the Data Protection Acts 1988 and 2003.