

MONEYCARD PURCHASE FORM

Company /Individual Name:

Region:

Office Location/Physical Address:

Mailing Address:

Phone number:

E-mail address:

Business Background/interest:

(please check box)

- Bank/Financial Institution
- Telecommunication
- Investor
- Fintech
- Service provider
- Online Merchant/Store
- Distributor
- Retailer
- Others:

Please specify _____

How you heard about MoneyCard:

(please specify for each)

- Electronic Media
- Print Media
- Social Media
- Company Website
- Friends/Family
- Others

Please specify _____



MoneyCard

Pre-Order Form

Check box	Value	Pay (Distr.)	Pay (Retail)	Quantity	Sum
<input type="checkbox"/>	10	10.50	10.60		
<input type="checkbox"/>	20	20.50	20.60		
<input type="checkbox"/>	50	50.50	50.60		
<input type="checkbox"/>	100	100.60	100.80		
<input type="checkbox"/>	200	200.70	201.00		
<input type="checkbox"/>	500	501.00	501.50		
<input type="checkbox"/>	1,000	1,001.50	1,003.00		
TOTAL					

Account Details:

- GT Bank Ghana Limited
- Account Name: MONEYCARD LIMITED
- Account No: 224102809110

Mode of Payment: (please check box)

- Direct Bank Deposit
- Credit Card
- Electronic Transfer
- Mobile Money
- Others


Please specify _____


Payment Receipt/ Reference Number _____


Payee Code _____

Enquiry:

info@moneycardonline.com , sales@moneycardonline.com

 +233-504-586-637

 +233-302-318-036

 Sabolai Lk, Dansoman, Accra

www.moneycardonline.com