

HOW TO FILL OUT TICKET STUB

Fill out ticket

We prefer for you to fill in all purchaser information so it can be used for back-up contact and potential future marketing, but minimum is name and phone.

Minimum Information - Name and Phone Number

Must be able to contact.

\$35 Quack Pack Cash ☒ Check ☐ Credit ☐ QR ☐ 24971-75

Name Sally Doe Name on Card _____
Phone 360-766-5555 CC# _____
Address _____ Amount \$ _____
City _____ State _____ Zip _____ Billing Address _____
Email (optional) _____ Signature _____

Mark Sale Method

Cash/Check/Credit/QR

QR Code purchase (see QR sale procedure sheet)

If you make a smartphone charge (QR Code) - check "QR" on the top line and write a large QR in the credit card information section.

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Name Doe Name on Card _____
Phone 766-5555 CC# _____
Address _____ Amount \$ _____ Exp Date _____ Billing Zip _____
City _____ State _____ Zip _____ Billing Address (Number Only) _____ CV _____
Email (optional) _____ Signature _____

Credit card purchase

- We prefer for you to fill out ticket for your customer.
- Numbers must be clear and legible.
- For Credit/Debit card fill out ALL the blocks on the right side.
- Only the number portion of the address is needed - not the street name.
- Stub with credit/debit information must be signed

Adopter name may be different from the "Name on Card"

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Name Sally Doe Name on Card Sam Doe
Phone 360-766-5555 CC# 1234-5678 1234 5678
Address _____ Amount \$ 105 Exp Date 06/25 Billing Zip 98333
City _____ State _____ Zip _____ Billing Address (Number Only) 6902 CV 660
Email (optional) _____ Signature Sam Doe

Buying More Than One Ticket (Quack Pack or Single)

- Enter the total amount for the purchase, i.e. 3 Quack Packs = \$105
- It is not necessary to repeat the credit card information on each sheet - Just the first one.
- Mark subsequent tickets 2 of x, 3 of x, etc.
- To ensure clarity, you can put the adopter's name on each ticket

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Name Sally Doe Name on Card Sam Doe
Phone 360-766-5555 CC# 1234-5678 1234 5678
Address _____ Amount \$ 105 Exp Date 06/25 Billing Zip 98333
City _____ State _____ Zip _____ Billing Address (Number Only) 6902 CV 660
Email (optional) _____ Signature Sam Doe

\$35 Quack Pack Cash ☐ Check ☐ Credit ☐ QR ☐ 24971-75

Name _____ Name on Card _____
Phone _____ CC# _____
Address _____ Amount \$ _____ Exp Date _____ Billing Zip _____
City _____ State _____ Zip _____ Billing Address (Number Only) _____ CV _____
Email (optional) _____ Signature _____

\$35 Quack Pack Cash ☐ Check ☐ Credit ☐ QR ☐ 24971-75

Name _____ Name on Card _____
Phone _____ CC# _____
Address _____ Amount \$ 343 Exp Date _____ Billing Zip _____
City _____ State _____ Zip _____ Billing Address (Number Only) _____ CV _____
Email (optional) _____ Signature _____

When the required information has been filled out, tear off at the perforation and give the information sheet(s) to the adopter. **RETAIN THE STUBS ON THE PAD**