

# Sweláps te Sqlew' Sweláps Market Loyalty Rewards Program

## APPLICATION FORM

### PERSONAL INFORMATION

Full name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Status:  Yes  No      Status number: \_\_\_\_\_ By checking this box, I confirm that I have read and agree to the Terms and Conditions.

Signature: \_\_\_\_\_

### OFFICE USE ONLY

#### STATUS VERIFICATION

 Status has been verified      by: \_\_\_\_\_ Entered into system      by: \_\_\_\_\_

Customer loyalty number: \_\_\_\_\_

Manager's signature: \_\_\_\_\_