

The Best Rewards™ Program



Simply fill out this enrollment form and make your shopping with us more rewarding.

PLEASE PRINT IN ALL CAPITAL LETTERS

REQUIRED INFORMATION Mr. Ms. Mrs.

Please complete the information in the shaded area.

LAST NAME

FIRST NAME M. I. PHONE NUMBER

ADDRESS APT. NUMBER

CITY STATE ZIP + 4

E-MAIL ADDRESS BIRTHDATE: (MONTH/DAY/YEAR)

OPTIONAL INFORMATION Please complete the information below so we can **REWARD** you more often.

SPOUSE'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

BIRTHDATE (MONTH/DAY)

BIRTHDATE (MONTH/DAY)

BIRTHDATE (MONTH/DAY)

BIRTHDATE (MONTH/DAY)

For store use only

- NEW APPLICATION
- REPLACEMENT CARD
- Please do not include me in your mailing list. I realize that, by checking this box, I will not receive any additional offers or savings by mail.

We are proud to be a community member. The information you provide us will be held in the strictest of confidence.

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SIGNATURE



Affix Do it Best® Rewards Program Decal here.