



# BUSINESS REWARDS APPLICATION

## APPLICANT INFORMATION

**\*\*ALL FIELDS ARE MANDATORY\*\***

Primary Contact Name (First and Last):		Title:
Primary Contact Business Email Address:		
Secondary Contact Name (First and Last):		Title:
Full Legal Name of Business:		
Mailing Address:		
City:	State:	ZIP Code:
Primary Contact Phone:	# of Employees (Circle One):    1-30    31-100    101+	
<b>*Tax Exempt? (Circle One):    Y    N</b>	<b>*Current copy of Sales Tax Exemption Certificate required for Tax Exempt status</b>	
<b>SIGNATURES</b>		
By signing below on behalf of your business, you represent that 1) your business is a valid business entity or qualified nonprofit entity; 2) all purchases made on this Account will be for purposes other than personal, family or household use; and 3) you are an authorized representative of the business with authority to enter into this contractual agreement and make related representations and warranties. On behalf of the business, you certify that all information provided in this application is complete and accurate, you agree to be bound by the Terms and Conditions of the ALCO Business Rewards Program, and you authorize us to contact you if needed with regard to this Account.		
Signature of applicant:		Date:
Signature of co-applicant <i>(not required)</i> :		Date:
<b>FOR STORE USE ONLY – PLEASE COMPLETE IN PRESENCE OF CUSTOMER</b>		
BUSINESS REWARDS CARD #:	STORE #:	ASSOCIATE INITIALS: