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

Please complete the information in the shaded area.

Mr. ☐ Ms. ☐ Mrs. ☐

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 — BIRTHDATE (MONTH/DAY)

CHILD'S NAME — BIRTHDATE (MONTH/DAY)

CHILD'S NAME — BIRTHDATE (MONTH/DAY)

CHILD'S NAME — 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.

©2006 Do it Best Corp.

SIGNATURE

Best Rewards Program Enrollment

Affix Do it Best® Rewards Program Decal here.